



RiverStone Health
Public Health Services
Performance Management Plan
October 15, 2012 – October 15, 2013

A handwritten signature in black ink that reads 'Deborah Hedrick'.

Deborah Hedrick
Vice President – Public Health Services

10/14/2012
Date

PERFORMANCE MANAGEMENT BACKGROUND

According to the Public Health Foundation, *Performance Management* is the “practice of actively using performance data to improve the public’s health”. The performance management model used by RiverStone Health Public Health Services was developed by the Turning Point National Excellence Collaborative on Performance Management. The model includes the following components:

Performance Standards are objective standards or guidelines that are used to assess an organization’s performance. Standards may be set based on national, state, or scientific guidelines; by benchmarking against other similar agencies; based on expectations; or other methods. Performance standards can be descriptive (a system for communicable disease control shall be maintained – yes/no) or numerical (at least 80% of health department clients will rate services as “good”). Performance standards answer the question, “Where should we be?”.

Performance Measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., actual percentage of clients who rate public health services as “good”, percentage of children with age-appropriate immunization levels at age two). To select specific performance measures, RiverStone Health Public Health Services may consult national tools containing tested measures, paired with developing our own procedures to help assess performance. Performance measures look at what actually happened compared to what was planned or intended.

Reporting of Progress is how performance data is shared with stakeholders. This report typically includes comparisons to national standards or benchmarks to help show progress or lack thereof.

Quality Improvement is the process by which processes, policies, programs, and infrastructures are enhanced and improved upon by using the Plan-Do-Study-Act.

It is the goal of the RiverStone Health Public Health Services to develop and maintain a robust performance management system that involves the ongoing use of performance standards and measures, reporting of progress, and quality improvement principles to ultimately have a positive impact of the public’s health in Yellowstone County. This will be accomplished by:

- Setting specific performance standards that includes benchmarking against similar agency, state, national, or scientific guidelines.
- Measuring capacity, process, or outcomes of performance standards.
- Reporting progress to stakeholders regularly.
- Engaging in a continuous quality improvement process that includes Plan-Do-Study-Act.

Performance management practices have been shown to measurably improve public health outcomes, create efficiencies working with partners, and help public health workers solve complex problems (Public Health Foundation). Performance management practices can also be used to allocate resources, prioritize programs, change policies to meet goals, and improve the overall quality of public health practice.

While RiverStone Health Public Health Services is focused on improving health outcomes, checking *only* health status indicators will not help to identify root causes of public health programs. Efficiency and quality of related inputs and outputs must also be managed. To summarize, the performance management cycle is a tool to improve health, increase efficiency, and create other benefits and value for society.

There are many benefits of integrating a comprehensive performance management system into daily operations of RiverStone Health Public Health Services:

- Better return and use of dollars invested in public health;
- Greater accountability of funding and an increase in the public's trust;
- Reduced duplication;
- Better understanding of accomplishments and priorities among stakeholders (employees, partners, the public);
- Increased emphasis on quality vs. quantity;
- More efficient and effective problem solving.

PERFORMANCE MANAGEMENT STRUCTURE, ROLES AND IMPLEMENTATION

❖ Structure

The Performance Management System (PMS) is implemented through the joint effort of every staff member. Each person in Public Health Services (PHS) has a role contributing to the successful achievement of the organization's mission. RiverStone Health operates under a strategic plan which is updated every three years.

The Performance Management Team will be made up of the Vice President of Public Health Services, the Director of Population Health Services, the Director of Community Health Services, the Director of Family Services, the Director of Environmental Health Services, and the team leaders.

❖ Roles and Responsibilities

Performance Management (PM) Team will:

- Oversee all aspects of the PMS and establish the specific processes, schedules and reporting;
- Execute a communication strategy to ensure all staff have knowledge of the results and efforts to continually improve performance;
- Support the Quality Council to develop and monitor, with input from leadership and program managers, an annual quality improvement plan, and assist in implementing CQI methods throughout the division;
- Choose the strategic plan objectives, priority areas or program evaluation efforts that will be added to the annual performance management work plan;
- Ensure staff members have knowledge of and input into ongoing planning and PMS efforts;
- Provide resources for staff training in performance improvement;
- Evaluate the PMS periodically and implement changes necessary to keep it useful and relevant; and
- Monitor progress for PMS and produce an annual report summarizing the progress made in achieving the standards and measures, outline any barriers impeding progress, and outlines revisions and rationale for revisions to the Plan.

Vice President of Public Health Services will:

- Ensure that Directors receive training needed to draft effective program work plans, craft effective performance measures and use QI tools and methods to lead their teams in continuous performance improvement;

- Monitor program-level performance measures and support Directors in identifying, prioritizing and completing projects to improve performance; and
- Support Directors in reporting on program performance quarterly.

Directors will:

- Ensure staff are aware of the PMS;
 - Disseminate PMS standards and measures to staff as outlined in this plan;
 - Monitor program performance;
- Engage staff in identifying, prioritizing and completing QI projects to improve performance;
- Provide a progress report on program performance measures and QI activities at least quarterly to the PM Team according to the PM Calendar;
 - Utilize the PMS to make decisions regarding program planning;
 - Participate in trainings to build their capacity to prepare work plans, develop and monitor performance measures and utilize QI tools and methods in their daily work; and
 - Support staff training in PMS to build programmatic capacity.
 - Facilitate the implementation of the Strategic Plan and QI Plan as it relates to the PMS.

Staff will:

- Read Performance Management, Strategic and QI Plan information prepared for them;
- Engage in data collection and review data quarterly;
- Participate in training that will enhance their participation in continuous performance improvement;
- Take action within their position descriptions to support plan goals;
- Participate in PMS projects as requested by their Supervisors; and
- Share feedback about the PMS with their Supervisors.

❖ Implementation

The PMS will be implemented at RiverStone Health Public Health Services by:

- Setting program performance standards and measures that accurately reflect program work processes and outcomes;
- Ensuring all performance measures having targets and/or reference points for programs to aim for;
- Ensuring program PM data and QI project progress being reviewed at least quarterly by the PM Team.

The PM Team will monitor the PMS by collecting data for meeting the performance standards and measures listed in the work plan. The team will meet on a monthly basis and each measure will be reviewed quarterly, summarized and included in the annual progress report by the PM Team.

PERFORMANCE STANDARDS AND MEASURES

The PMS standards and measures are selected from the *Strategic Plan*, the Community Health Improvement Plan, and PHS Divisional goals. Once measures have been selected, each measure is assessed to determine if quality improvement tools would assist PHS to achieve outcome targets. All performance measures that indicate the beneficial use of quality improvement (QI) tools are selected for QI projects and a QI Project Team is assigned following the process described in the Public Health Services Quality Improvement Plan.

RIVERSTONE HEALTH PUBLIC HEALTH SERVICES STRATEGIC PLAN

The ***Public Health Services Strategic Plan: 2012 – 2015 (Strategic Plan)*** was formulated as a component of the broader *RiverStone Health Strategic Plan*. A primary objective of the strategic planning process was to integrate the RiverStone Health organizational strategic priorities into the *Strategic Plan* through thoughtful interrelationships with RiverStone Health's organizational priorities, opportunities, and resource allocation decisions. Each strategic goal is a broad statement of intent, which serves as a central focus for the strategic priorities. Finally, there are specific objectives for each goal that provide staff with measurable and clearly defined targets that must be met in order to realize each goal. The *Strategic Plan* is intended to identify and prioritize key issues to guide the planning and implementation of the activities of Public Health Services. The *Strategic Plan* serves as a tool to help Public Health Services promote a healthier Yellowstone County, by setting the foundation to drive organizational improvement.

For the complete Strategic Plan, see Appendix A.

COMMUNITY HEALTH IMPROVEMENT PLAN

The Community Health Improvement Plan (CHIP) is a document which is action based in nature. A CHIP is based on findings of a Community Health Needs Assessment (CHNA). Creating a successful CHIP involves participation across multiple sectors of a community and it is supplemented by community member input in addition to public health and health system partners. The outcome is a defined process through which priorities are selected, and strategies and measures are created in order to address the health issues identified. In Yellowstone County, Montana, this process resulted in the Yellowstone County CHIP, tailored to fit the needs of our community, which is unique in both its assets and challenges. The CHIP was revised in 2012.

The CHIP is important because it:

- Forms and strengthens partnerships
- Increases community awareness
- Taps community's innovative ideas
- Integrates isolated efforts and builds on existing services

- Conserves resources and prevents duplication of efforts
- Develops comprehensive strategies that will work in your respective community
- Examines data: disease, death, disability, injury, community opinion
- Identifies priority health problems: factors that can be impacted
- Identifies community assets and resources to be supported or tapped
- Can be presented to the community

For the complete Yellowstone County CHIP, see Appendix B.

PUBLIC HEALTH SERVICES DIVISIONAL GOALS

RiverStone Health Public Health Services is comprised of four divisions:

Population Health Services works to build a healthy community through chronic disease prevention, education and preparedness including tobacco use prevention, suicide prevention, chronic disease prevention, nutrition and physical activity initiatives and emergency preparedness.

Environmental Health Services focuses on the health interrelationships between people and their environment and works to foster safe and healthful environments in the community. To assure compliance with state and federal health laws, Environmental Health Services inspects licensed facilities, including food service establishments, public accommodations, trailer courts, swimming pools and spas, daycare centers, group homes, tattoo and piercing establishments, inspects and permits on-site wastewater systems and monitors air quality.

Community Health Services includes communicable disease prevention, immunizations, comprehensive cancer control. Communicable disease prevention services are tasked with protecting the public from the spread of communicable disease through education, reporting and tracking of communicable disease and management of outbreaks.

Family Health Services provides a comprehensive program of prenatal, perinatal and pediatric education and case management services for pregnant women, families with infants, pre-school age children and children with special healthcare needs. Family Health Services also administers the federal Supplemental Nutrition Program for Women, Infants and Children (WIC) and school nursing services.

Divisional Directors work with their staff annually to identify and select programmatic performance measures that will be reviewed as part of the PMS.

For a complete list of performance measures for each division, see the Performance Management Work Plan, see Appendix C.

PERFORMANCE MEASUREMENT

PERFORMANCE MANAGEMENT WORK PLAN MONITORING AND REPORTING

Follow-up is an essential part of ensuring that goals and objectives are met in the three year timeframe. Annual work plans are created to ensure that a work plan exists that describes the activities required to achieve objectives, the person responsible for the activities, and the timeline for completion. Annual creation of the work plan will be conducted August 15 – October 1st and is the responsibility of the VP of Public Health Services or their designee. The timeline for each work plan is as follows:

- Year one: October 15, 2012 – October 14, 2013
- Year two: October 15, 2013 – October 14, 2014
- Year three: October 15, 2014 – October 14, 2015

The work plan will be stored on a shared network drive for easy accessibility to all staff members. Progress updates will be completed on a quarterly basis and documented in the work plan. This process will be overseen by the VP of Public Health Services. It is up to the discretion of the Vice President of Public Health Services to update/adjust the work plan if required during the course of the year.

The Performance Management Team will meet to monitor the goals, strategies, and objectives of the Performance Management Plan on a monthly basis. The current Performance Management Work Plan allows RiverStone Health Public Health Services to identify those who are responsible for completing each objective, the projected due date, and the current status of completion.

For the complete Performance Management Work Plan, see Appendix C.

PERFORMANCE MANAGEMENT REPORTS

The following questions should be asked when developing a performance report:

- Are we presenting the right information?
- Are we presenting the information in the right way?
- Are we reporting information at the right time?
- What is (are) the purpose(s) of the report?
- Who is the critical audience?
- How can the complexity of the performance results be balanced with the need to keep the report easily comprehensible?
- Who should review the report before it is released?

Since performance reports can be misinterpreted, it is important to provide some context so those reading the report can understand and appreciate what is being reported. Following are some useful strategies to help assure performance reports are accurate, understandable, and send the correct message.

Have the appropriate staff members and managers review performance data before it is reported out. This gives everyone an opportunity to consider what explanations are needed, including causes, rationales, recommendations or corrective steps. Tie information and data to goals and objectives. Goals and objectives provide a clear context and are what our work is measured against. For results that may be worse than expected, include in the report an outline of a quality improvement plan. When goals are not achieved, it helps to demonstrate that critical thinking has taken place and quality improvement steps should increase performance in that area in the future.

The format of the report should be customized for the audience. Charts, tables, and maps are generally user-friendly and easy to understand. The Performance Management Work Plan can also be used as a template, with unnecessary columns removed for reporting purposes.

During the monthly Performance Management Team meetings, division directors will report on their progress of their PHS Divisional Goals (the measures reported on each month are determined by the Performance Management Calendar). A reporting form has been developed to be used as a template for reporting on progress.

For the quarterly Performance Management Team Reporting Form and the Performance Management Calendar, see appendix D.

COMMUNICATION PLAN

The *Performance Management Plan and Work Plan* will be accessible to all staff through a shared network drive on all Public Health Service staff computers. The four Directors of the divisions of Public Health Services will be responsible for completing additional communication to their staff. This communication can occur via email or in person. The regularity of the communications must be at a minimum completed on a quarterly basis and documentation must be generated to show the communication occurred. To ensure the completion of this communication, it has been added to the Public Health Services Director's Calendar. The Directors will review relevant items at their regular monthly meetings and determine the topics requiring communication. Examples of topics of communication may include:

- Performance Management Plan Goals and Objectives
- Progress towards goals
- Linkage of Public Health Services work to the broader Strategic Priorities of RiverStone Health

Communication to the leadership of RiverStone Health including the CEO and the Board of Health will occur through the Patient Safety and Quality Committee. This communication will occur monthly via the regular Committee meetings.

Other audiences for performance management reporting may include:

- Montana Department of Public Health and Human Services
- Other local health departments
- Grant Funders
- Foundations
- Other local agencies
- The community in general
- Media

RESULTS OF PHAB ASSESSMENT

The Performance Management Team will conduct an annual Performance Management Self-Assessment to identify areas for further development for the Performance Management System. The PMS Team will utilize the Performance Management Self-Assessment Tool from the Turning Point Performance Management National Excellence Collaborative.

http://www.phf.org/resourcetools/documents/PM_Self_Assess_Tool.pdf

For the completed annual PHAB Assessment, see Appendix E.

QUALITY IMPROVEMENT

While performance standards and measures are part of a Performance Management System that can be captured within a tracking system itself, quality improvement requires a broader explanation and plan in order to reach a thorough and consistent understanding among staff, our oversight committee, and our partners.

A culture of quality is defined by a commitment on the part of every staff member and volunteer to do whatever it takes to continuously improve the organization so that today's levels of effectiveness and efficiency are incrementally better than yesterday's performance. RiverStone Health Public Health Services (PHS) is committed to elevating QI from an organizational function to an internalized and pervasive "way of doing business" and to ensure efficient and effective processes and programs through on-going review of performance measurements. The fundamental existence of the QI Plan is to improve customer service, operational performance, and to deliver a high level of services.

QUALITY IMPROVEMENT PROJECTS

Once performance measures have been selected, each measure is assessed to determine if quality improvement tools would assist PHS to achieve outcome targets. All performance measures that indicate the beneficial use of QI tools are selected for QI projects and a QI Project Team is assigned.

Additional QI projects beyond those indicated in the Performance Management System may occur throughout the course of the year. These projects are determined by the QI Council with input from staff and may be selected for several reasons including:

- Grant requirements
- Strong need is demonstrated (for either the project or the need for additional staff to obtain QI experience)
- QI projects from previous years require additional work

In order to ensure that each QI project is monitored on a regular basis Public Health Services has set up a structured QI project process. The steps are in place to ensure that first and foremost, clear guidelines are in place for the reporting and documentation requirements. The information gathered through reporting will ensure that each QI project stays on task to meet the stated project aim. In addition, the regular reporting will identify needed trainings and allow the QI Council to tailor the QI training plans to meet the needs of staff. The last stages of the process focus on communication of results to both leadership and staff. The goal of this communication is to continue building a culture of quality. In addition, this plays the role of sharing lessons learned so that future QI projects can avoid some of the same pitfalls.

For the complete, Quality Improvement Plan, please see Appendix F.

RECORD OF CHANGES	
-------------------	--

The RiverStone Health Public Health Services Division 2012-2013 Performance Management Plan is not a stagnant plan but a plan that can and should change to meet the needs of both the internal and external environment. Therefore, it is important that records of these changes are kept in order to monitor the evolution of this plan. **All changes to this plan must be approved by the PM Team.**

[illegible]



Public Health Services Strategic Plan

October 15, 2012 – October 15, 2015

A handwritten signature in black ink that reads 'Deborah Hedrick'.

10/14/2012

Deborah Hedrick
Vice President – Public Health Services

Date

PURPOSE

The ***Public Health Services Strategic Plan: 2012 – 2015 (Strategic Plan)*** was formulated as a component of the broader *RiverStone Health Strategic Plan*. A primary objective of the strategic planning process was to integrate the RiverStone Health organizational strategic priorities into the *Strategic Plan* through thoughtful interrelationships with RiverStone Health's organizational priorities, opportunities, and resource allocation decisions. Each strategic goal is a broad statement of intent, which serves as a central focus for the strategic priorities. Finally, there are specific objectives for each goal that provide staff with measurable and clearly defined targets that must be met in order to realize each goal. The *Strategic Plan* is intended to identify and prioritize key issues to guide the planning and implementation of the activities of Public Health Services. The *Strategic Plan* serves as a tool to help Public Health Services promote a healthier Yellowstone County, by setting the foundation to drive organizational improvement.

BACKGROUND

Yellowstone County is home to 15% of all Montanans, approximately 150,069 people (US Census, 2011 estimate). The square mileage of Yellowstone County is 2,633 square miles with a population density of 56.2 persons per square mile (Census, 2010). While Yellowstone County is home to Billings, the largest city in Montana (105, 626 US Census 2011 estimate), the area outside of the city is considered rural. The Yellowstone City-County Health Department dba RiverStone Health was organized by an inter-local agreement first written in 1973 between the Cities of Billings and Laurel, Yellowstone County, Billings School District #2 and Laurel School District #7. It was constituted under Title 50, Chapter 2 of Montana Code Annotated (MCA). The agreement provided for the creation of the Yellowstone City-County Board of Health as the legally constituted governing body of the Yellowstone City-County Health Department. Operation of the department was under the auspices of Yellowstone County Commissioners. On January 1, 1998, the Yellowstone City-County Health Department was transitioned to its own health district under Title 7, Chapter 11, MCA. This change granted the Board of Health the operating authority as well as the policy authority for the department. The Health District functions as a local health department governed by the State of Montana statutes. Public Health Services is the component of RiverStone Health that is Yellowstone County's public health agency. Public Health Services has four divisions:

Population Health Services works to build a healthy community through chronic disease prevention, education and preparedness including tobacco use prevention, suicide prevention, comprehensive cancer control, chronic disease prevention, nutrition and physical activity initiatives and emergency preparedness.

Environmental Health Services focuses on the health interrelationships between people and their environment and works to foster safe and healthful environments in the community. To assure compliance with state and federal health laws, Environmental Health Services inspects licensed facilities, including food service establishments, public accommodations, trailer courts, swimming pools and spas, daycare centers, group homes, tattoo and piercing establishments, inspects and permits on-site wastewater systems and monitors air quality.

Community Health Services includes communicable disease prevention, immunizations and breast, cervical, and colorectal health screening. Communicable disease prevention services are tasked with protecting the public from the spread of communicable disease through education, reporting and tracking of communicable disease and management of outbreaks.

Family Health Services provides a comprehensive program of prenatal, perinatal and pediatric education and case management services for pregnant women, families with infants, pre-school age children and

children with special healthcare needs. Family Health Services also administers the federal Supplemental Nutrition Program for Women, Infants and Children (WIC) and school nursing services.

MISSION, VISION AND VALUES

On June 30, 2008 Yellowstone City-County Health Department officially began doing business as RiverStone Health. The journey to RiverStone Health began in earnest in 2006 and was based on the long-term realization of the need to create a single identity for our health department. Through this process RiverStone Health developed new Mission, Vision and Values statements to better reflect this single identity and the services provided.

Mission

To improve life, health and safety

Vision

Believing in our Power of Vision to identify health needs in our communities and find ways to meet those needs

Values

Stewardship

Excellence

Respect

Vision

Integrity

Customer-focused

Enthusiasm

THE STRATEGIC PLANNING PROCESS

The *Strategic Plan* was completed over the course of four months and was completed in tandem with the completion of the broader Strategic Plan for RiverStone Health. The *Strategic Plan* was developed with input from Public Health Services leadership, broader RiverStone Health leadership and the Board of Health. The process for development is outlined in Table 1. The Public Health Services planning team (The Team) consisted of the Vice President of Public Health Services and the Public Health Services Division Directors.

The RiverStone Health Mission, Vision, and Values were used as the guiding principles throughout the process. In addition the following documents were utilized to provide additional information and help determine priorities:

- The 2011 Yellowstone County Community Health Assessment
- The Plan to Improve the Communities Health (Yellowstone County's community health improvement plan)
- The Public Health Services Strategic Plan 2010 – 2012
- The 2013 fiscal year Public Health Services budget

The Team began with conducting an environmental scan to create a picture of the interior and exterior forces influencing the work of Public Health Services. This was followed by a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The results of this work were analyzed to develop themes. The resulting themes were presented to the Board of Health along with the results of environmental scans and SWOT analyses from other areas of RiverStone Health. The Board of Health then chose three Strategic Priorities (see RiverStone Health Strategic Priorities) for the entire organization.

The Team utilized the RiverStone Health Strategic Priorities to develop comprehensive goals and objectives for the *Strategic Plan*. The *Strategic Plan* was presented to the Board of Health Policy Committee for final approval.

Table 1: Strategic Planning Process and Timeline

Activity	Timeline	Strategic Planning Group
External trends analysis	June 8 – June 25, 2012	The Team
Strengths, Weaknesses, Opportunities and Threats analysis	June 8 – June 25, 2012	The Team
Themes identified	June 26 – July 9, 2012	The Team
Analysis results presented to Board of Health (along with results from other RiverStone Health divisions)	July 10, 2012	Debbie Hedrick (VP of Public Health Services), John Felton (CEO & President / Health Officer) and Board of Health
Board of Health identified strategic priorities for RiverStone Health	July 10, 2012	Board of Health and John Felton (CEO & President / Health Officer)
Public Health Services Strategic Plan goals and objectives developed	July 11 – August 15, 2012	The Team
Strategic Plan for RiverStone Health approved by Board of Health	September 27, 2012	Board of Health and John Felton (CEO & President / Health Officer)
Public Health Services Strategic Plan presented to Board of Health Policy Committee	October 9, 2012	Hillary Hanson (Director of Population Health Services), Debbie Hedrick (VP of Public Health Services), John Felton (CEO & President / Health Officer) and Board of Health Policy Committee members
Public Health Services Strategic Plan finalized	October 10, 2012	The Team

EXTERNAL THREATS / SWOT ANALYSIS

The Team utilized two tools to compile information regarding the internal and external forces influencing the work of Public Health Services. These tools were an Environmental Scan and a Strengths, Weakness, Opportunities and Threats (SWOT) analysis. Identifying Public Health Services internal strengths and weaknesses as well as its external opportunities and threats provides an overall systems view of the department and the factors affecting it. Recognizing these factors is crucial, as future goals and activities must include approaches for maximizing strengths and opportunities and overcoming weaknesses and threats. Many issues may be both an asset and a barrier to Public Health Services – what is considered strength in some aspects may be a weakness in others, and a number of opportunities could also be considered threats. The goal was to create a list of themes that provide a “big picture” of what is going on inside and outside of Public Health Services.

The analysis was completed from five perspectives:

- *Community* – The external components related to what is happening in the community served
- *Financial* – The financial components internal and external to Public Health Services

- *Public Health Services* – The components internal to Public Health Services division that play a role
- *State/National/Legislative* – The political components that affect the work of Public Health Services or may affect the work in the future
- *Learning and Growth* – The current and future components related to learning and growth of staff and other public health system partners

The following themes emerged from the Environmental Scan and SWOT analysis:

Community Themes:

<i>Theme</i>	<i>Description</i>
Partnerships	Partnerships play a large role in our work (both existing and untapped partners). There are many opportunities with partners but also potential threats as some of these partners began to compete with us for limited funding opportunities.
Community Attitude	The public's attitudes and knowledge can affect our work -it can lead to increased support or lack of support for our services. It is our responsibility to increase community knowledge and awareness – which contributes to increased support.
Program Evaluation	Program evaluation (utilizing both formal and informal data) is required to assess the needs of our community and ensure that our programs are meeting the community needs. To ensure we are good and thoughtful stewards of the funding program evaluation must be one our primary activities.
Growth	The oil boom is changing the landscape of Montana and starting to change the demographics and environment in Yellowstone County. We need to be ready to respond to the changing community, the potential population growth, and the emerging public health needs.

Public Health Service Themes

<i>Theme</i>	<i>Description</i>
Connector	We are in the business of connections (both to programs and to people). We must maintain current partnerships and at the same time continue to explore new opportunities.
Cohesiveness	Public Health Services programs work well together. We must continue to make the linkage across RiverStone Health and seize the opportunity to integrate services across the organization.
Evolving Opportunities	We are innovative and have a willingness to go new directions. We have to continue to identify and change services to meet community needs. Accreditation and quality improvement provide an opportunity to focus on critical priorities for our community.
Program Evaluation	Program evaluation (utilizing both formal and informal data) is required to assess the needs of our community and ensure that we are meeting the community needs. To ensure we are good and thoughtful stewards of the funding program evaluation must be one our primary activities.

Learning and Growth Themes

<i>Theme</i>	<i>Description</i>
Value	We highly value learning and growth.
Structure	We provide many opportunities for growth but there is no formal structure

	in place.
Linkage	Staff don't always recognize the linkage between training and increased job performance.

Financial Themes

<i>Theme</i>	<i>Description</i>
Healthcare Reform	Healthcare Reform brings with it both opportunities and challenges.
Evolve	We need to continue to evolve to stay current with the changing landscape. This includes development of new programs and to evaluate and sustain current programs.

State/ Federal Themes

<i>Theme</i>	<i>Description</i>
Healthcare Reform	Healthcare Reform brings with it both opportunities and challenges. We need to be ready to evolve.

RIVERSTONE HEALTH STRATEGIC PRIORITIES

Utilizing the Environmental Scan and SWOT analyses information from each RiverStone Health division, along with the data from the Community Health Assessment, the Plan to Improve the Communities Health (Yellowstone County's community health improvement plan), the previous Strategic Plan for RiverStone Health and the 2013 fiscal year budget, the Board of Health developed three Strategic Priorities to guide RiverStone Health as an organization.

Priority 1: Public Relations/Marketing

Aim statement: RiverStone Health will enhance its market position and long-term viability by proactively and effectively demonstrating its value to the communities it serves.

Guiding principles

- Tell the RiverStone Health story through multiple media and in multiple venues
- Ensure the citizens of Yellowstone County are fully aware of the value delivered by RiverStone Health, including services provided and how to access them
- Make transparency a key component of all communication strategies and RiverStone Health's organizational culture
- Tie the mission to the message
- Run a "clean" advertising campaign
- Increase market share with focus on homecare/hospice and primary care
- Expand distinctive marketing – build on existing distinctions and strengths
- Collect, analyze, improve and use data (e.g., quality, access, cost, outcomes, satisfaction, patient experience)
- Achieve / maintain accreditation and national recognition as evidence of commitment to quality and continuous improvement
- Expand / enhance the story by touting educational / workforce development impact (all disciplines trained directly as well as AHEC efforts)

Priority 2: Financial Performance

Aim statement: RiverStone Health will enhance its long-term viability by improving its financial position

Guiding principles

- Balance mission and margin in a way that optimizes both and harms neither
- Increase operating margin to not less than a single integrated benchmark of similar provider types

- Improve cost, quality and access of service
- Fully implement Lean / Six Sigma throughout RiverStone Health
- Expand reach and impact of RiverStone Health Foundation
- Continue to develop all forms of necessary infrastructure (e.g., organizational culture, facilities, information technology, workforce development, staff retention, etc.) required to support an operationally successful and financially sound organization
- Understand, anticipate, and respond to healthcare reform as driven by market forces and /or government action, including Medicaid and Medicare policy
- Enhance Board understanding of financial forces, drivers, and issues
- More fully engage staff, Board, and those served as evidenced by enhanced advocacy efforts and effectiveness
- Ensure that compliance (e.g., with coding, billing, procurement, and grant conditions) is built into systems to reduce risk to funding streams

Priority 3: Market Roles and Relationships

Aim statement: RiverStone Health will enhance its long-term viability by defining and/ or clarifying its relationships in the marketplace

Guiding principles

- Collaborate when constructive, compete when necessary
- Be a provider of choice and not a provider of last resort
- Compete from a position of strength by exceeding national benchmarks for cost, quality and access
- Make informed decisions to collaborate or compete based on needs of all relevant customers
- Demonstrate that RiverStone Health is more than what people think we are/do
- Enhance and utilize creativity, communication, and compromise to define solutions that best serve relevant customers

THE STRATEGIC PLAN

The following goals and objectives utilized the Strategic Priorities from the Board of Health and translated them to Public Health Services. These goals and objectives are intended to guide the work of Public Health Services over the three year period of October 15, 2012 – October 15, 2015. Although the goals and objectives presented below are organized under one of the three Strategic Priorities, many are interrelated and have the potential to address multiple Strategic Priorities.

Public Relations/Marketing Goal: *Ensure appropriate utilization of resources through awareness and recognition of services*

Objective 1: By October 2013 develop and implement a workforce development plan that meets PHAB accreditation standards.

Objective 2: By October 2014 develop and implement a sustainable plan to increase awareness and recognition of services within Public Health Services, RiverStone Health and the community.

Financial Performance Goal: *Evaluate cost effectiveness of services and revenue opportunities*

Objective 1: By October 2013 collaborate with RiverStone Health Fiscal Services to develop and implement written procedures for the role of Public Health Services in the management of revenue.

Objective 2: By October 2014 develop and implement a review process for activities and programs within Public Health Services.

Market Roles and Relationships Goal: *Develop and sustain effective partnerships*

Objective 1: By January 2014 collaborate with the Communications and Advocacy Director to develop and implement a plan of action to stay current and respond to the Affordable Care Act and other relevant health legislation.

Objective 2: By October 2015 develop and implement a plan for documenting and evaluating partnerships.

Objective 3: By October 2015 collaborate with RiverStone Health Information Technology Services to develop and implement a plan for ensuring IT support consistent with the needs of Public Health Services.

PERFORMANCE MANAGEMENT SYSTEM / QUALITY IMPROVEMENT

Public Health Services operates under a Performance Management System (PMS) with the goal of continuously improving practice and ultimately the health status of those that are served. The PMS encompasses all aspects of using objectives and measurements to evaluate performance, policies, and processes, and the achievement of outcome targets.

The PMS measures are selected from the *Strategic Plan*, PHS Divisional goals, the Plan to Improve the Community's Health and the Workforce Development Plan. Once measures have been selected, each measure is assessed to determine if quality improvement tools would assist PHS to achieve outcome targets. All performance measures that indicate the beneficial use of quality improvement (QI) tools are selected for QI projects and a QI Project Team is assigned following the process described in the Public Health Services Quality Improvement Plan.

MONITORING

Follow-up is an essential part of ensuring that goals and objectives are met in the three year timeframe. Annual work plans are created to ensure that a work plan exists that describes the activities required to achieve objectives, the person responsible for the activities, and the timeline for completion. Annual creation of the work plan will be conducted August 15 – October 1st and is the responsibility of the VP of Public Health Services or their designee. The timeline for each work plan is as follows:

- Year one: October 15, 2012 – October 14, 2013
- Year two: October 15, 2013 – October 14, 2014
- Year three: October 15, 2014 – October 14, 2015

The work plan will be stored on a shared network drive for easy accessibility to all staff members. Progress updates will be completed on a quarterly basis and documented in the work plan. This process will be overseen by the VP of Public Health Services. It is up to the discretion of the Vice President of Public Health Services to update/adjust the work plan if required during the course of the year.

DISSEMINATION PLAN

The *Strategic Plan* will be accessible to all staff through a shared network drive on all Public Health Service staff computers. The four Directors of the divisions of Public Health Services will be responsible for completing additional communication to their staff. This communication can occur via email or in person. The regularity of the communications must be at a minimum completed on a quarterly basis and documentation must be generated to show the communication occurred. To ensure the completion of this communication, it has been added to the Public Health Services Director's Calendar. The Directors will review relevant items at their regular monthly meetings and determine the topics requiring communication. Examples of topics of communication may include:

- Strategic Plan Goals and Objectives
- Progress towards goals

- Linkage of Public Health Services work to the broader Strategic Priorities of RiverStone Health

Communication to the leadership of RiverStone Health including the CEO and the Board of Health will occur through the Patient Safety and Quality Committee. This communication will occur monthly via the regular Committee meetings.

CONCLUSION

The strategic priorities, goals, and objectives described in the *Strategic Plan* serve as a roadmap for Public Health Services for the next three years. The *Strategic Plan* identifies the key public health issues around which Public Health Services will focus its policies, programs and services, and prioritizes efforts to ensure that activities are effective and conducted in a manner reflective of RiverStone Health's core values. The *Strategic Plan* addresses internal factors that impact service quality and effectiveness, such as fostering departmental communication, staff development and leadership and maximizing departmental resources. Similarly, the *Strategic Plan* prioritizes factors external to Public Health Services that impact public health service delivery, including increasing stakeholder support and fostering effective partnerships.

In summary, the *Strategic Plan* serves as a tool to help Public Health Services ensure a healthier Yellowstone County, setting the foundation to allow strategic priorities to drive organizational structure, program design and resource allocation.

Community Health Improvement Plan for Yellowstone County, Montana 2012 – 2015



Table of Contents

1. INTRODUCTION.....	4
What is a Community Health Improvement Plan (CHIP)?	4
The Community Health Improvement Plan for Yellowstone County	4
2. The Background.....	6
Yellowstone County Population	6
The Alliance.....	7
Community Health Needs Assessments.....	7
3. The 2011-2012 Community Health Improvement Process	10
The Framework	10
Step One: Establishing the Assessment Infrastructure	10
Step Two: Defining the Purpose and Scope	10
The Scope	10
The Purpose	10
Step Three: Collecting and Analyzing the Data.....	11
Survey Format	11
The Focus Groups	12
CHNA Benchmarks.....	12
Secondary Data: Public Health, Vital Statistics & Other Data	12
Step Four: Selecting Priorities	13
Areas of Opportunity	13
Decision Process	13
Creation of Goals and Objectives - Assets:	14
Community Priorities.....	14
Mental Health:	15
Access to Healthcare:.....	16
Healthy weight:.....	17
Alignment with State and National Priorities	19
Montana's Priorities:	19
U.S. Priorities:.....	19
Goals and Objectives	19
IMPROVE ACCESS TO HEALTHCARE	20
IMPROVE HEALTHY WEIGHT STATUS.....	21

IMPROVE MENTAL HEALTH	22
Step Five: Communication of Results	23
4. Achieving the Goals:	25
The Role of the Health Organizations	25
Planning for Action and Monitoring Progress	25

1. INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan (CHIP) is a document that presents a long-term systematic plan to address the health problems of a community. A CHIP is based on the results of a Community Health Needs Assessment (CHNA) and a community health improvement process. Creating a successful CHIP involves participation across multiple sectors of a community and it is supplemented by community member input in addition to public health and health system partners. The outcome is a defined process through which priorities are selected, and strategies and measures are created in order to address the health issues identified

The Community Health Improvement Plan for Yellowstone County

The original CHIP for Yellowstone County was created in 2006 to provide a framework for increasing the health of residents in Yellowstone County. In addition to providing an action-oriented plan for the community, the CHIP also presented a summary of the results of the 2005 Yellowstone CHNA and the process for identifying the priority health issues. The original document was created to identify and list initiatives aimed toward promoting healthy weight of the residents of Yellowstone County. The document was updated in 2012 following the completion of the 2011 CHNA and is now broader in scope, addressing health-related issues beyond healthy weight. This CHIP is reviewed annually and updated as needed or when a new CHNA is completed.

THE BACKGROUND



2. The Background

Yellowstone County Population

Yellowstone County is located in south-central Montana. It is the largest county in Montana and home to 15% of all Montanans—approximately 150,069 people (US Census, 2011 estimate). The study area for the 2005 and 2011 CHNAs was defined as Yellowstone County and was determined by zip code. The demographics of Yellowstone County are outlined in the following table¹:

	Yellowstone County	Montana
Population, 2011 estimate	150,069	998,199
Population, 2010 (April 1) estimates base	147,972	989,415
Population, percent change, April 1, 2010 to July 1, 2011	1.4%	0.9%
Population, 2010	147,972	989,415
Persons under 5 years, percent, 2011	6.7%	6.2%
Persons under 18 years, percent, 2011	23.5%	22.3%
Persons 65 years and over, percent, 2011	14.3%	15.2%
Female persons, percent, 2011	51.1%	49.8%
White persons, percent, 2011 (a)	91.6%	89.9%
Black persons, percent, 2011 (a)	0.8%	0.5%
American Indian and Alaska Native persons, percent, 2011 (a)	4.3%	6.4%
Asian persons, percent, 2011 (a)	0.7%	0.7%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%
Persons reporting two or more races, percent, 2011	2.5%	2.4%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	4.8%	3.1%
White persons not Hispanic, percent, 2011	87.8%	87.5%
Living in same house 1 year & over, 2006-2010	82.9%	83.2%
Foreign born persons, percent, 2006-2010	1.7%	2.0%
Language other than English spoken at home, pct age 5+, 2006-2010	4.2%	4.6%
High school graduates, percent of persons age 25+, 2006-2010	91.4%	91.0%

¹ US Census Bureau State and County QuickFacts: <http://quickfacts.census.gov/qfd/states/30/3006550.html>

Bachelor's degree or higher, pct of persons age 25+, 2006-2010	29.0%	27.9%
Veterans, 2006-2010	13,917	100,874
Mean travel time to work (minutes), workers age 16+, 2006-2010	17.7	17.7
Housing units, 2011	64,930	489,157
Homeownership rate, 2006-2010	70.3%	69.0%
Housing units in multi-unit structures, percent, 2006-2010	19.4%	16.3%
Median value of owner-occupied housing units, 2006-2010	\$168,800	\$173,300
Households, 2006-2010	59,746	401,328
Persons per household, 2006-2010	2.35	2.36
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$26,152	\$23,836
Median household income 2006-2010	\$48,641	\$43,872
Persons below poverty level, percent, 2006-2010	11.2%	14.5%

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

The Alliance

Yellowstone County is home to Billings, the most populous city in Montana. In addition to being an economic center, Billings is also a medical hub for the region with three primary health organizations: Billings Clinic, Yellowstone City County Health Department dba RiverStone Health, and St. Vincent Healthcare. The Alliance is an affiliated partnership consisting of the Chief Executive Officers from these three health organizations. The Alliance works collaboratively on community and regional health initiatives with the mission of identifying community health needs and then defining and implementing efficient and effective community solutions through integrated actions. Their vision states, "Together we improve the health of our community, especially those who are underserved and most vulnerable, in ways that surpass our individual capacity."

Community Health Needs Assessments

In 2005, RiverStone Health and its system partners underwent an assessment of the public health system's performance in the 10 Essential Public Health Services established by the Centers for Disease Control and Prevention (CDC). The assessment was conducted using the National Public

Health Performance Standards Program (NPHPSP), also established by the CDC. A key outcome of that assessment was an understanding of the need to perform a CHNA and develop a CHIP.

In 2005, the Alliance sponsored the first comprehensive Yellowstone County CHNA as a follow-up to the NPHPSP assessment. The Alliance contracted Professional Research Consultants, Inc. (PRC) to perform the assessment which included focus groups with community leaders and surveys of 400 community members using the random-digit-dialing method. In 2011, a follow-up CHNA was conducted utilizing the same methodology. The results of both the 2005 and 2011 CHNA can be accessed at www.healthybydesignyellowstone.org.

The 2011-2012 Community Health Improvement Process



3. The 2011-2012 Community Health Improvement Process

The Framework

The framework utilized for the 2011-2012 health improvement process was the Core Process Steps from the Association for Community Health Improvement (ACHI). This framework, which is covered in more detail throughout the next section, contains six generalized steps which were adapted to fit the needs of Yellowstone County. The steps are shown in the image below.



Step One: Establishing the Assessment Infrastructure

The first step in the ACHI framework is to establish the assessment infrastructure. This was completed by identifying key community members to serve as the CHNA Working Group.

Step Two: Defining the Purpose and Scope

The Scope

The Working Group utilized the same scope as the 2005 CHNA by defining the target population as Yellowstone County, hence utilizing geographical area as the primary identifier.

The Purpose

The purpose of the CHNA was to identify key unmet health needs. The CHNA served as a tool to enhance Yellowstone County's ability to address three core objectives: to improve residents' health status, increase their life spans, and elevate their overall quality of life; to reduce health disparities among residents; and to increase accessibility to preventative services for all community residents.

Step Three: Collecting and Analyzing the Data

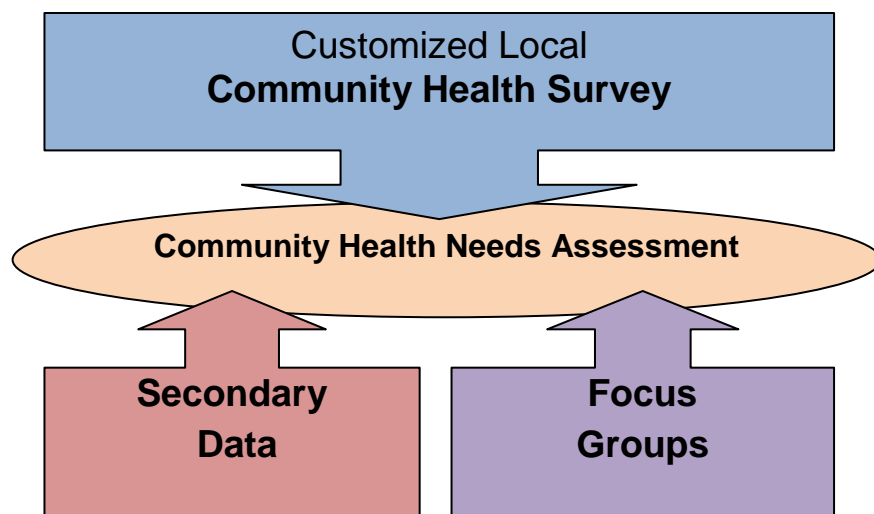
Survey Format

PRC utilized a survey instrument customized for Yellowstone County, based the CDC Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion, disease prevention, and other recognized health issues. To ensure the best representation of the population served, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals aged 18 and older in Yellowstone County. For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent level of confidence. In addition to using proven telephone methodology and random-sampling techniques, the raw data was “weighted” to improve this representativeness even further. Once the raw data was gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity and poverty status) and a statistical application package applied weighting variables that produced a sample which more closely matches the population for these characteristics.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

The CHNA consisted of both quantitative data from primary research and secondary research, as well as qualitative data (demonstrated in the figure below). The quantitative data was collected through informant focus groups. The data will serve to study the objectives identified previously.



The Focus Groups

As part of the CHNA, five community focus groups were held in Yellowstone County to engage both providers and recipients of various community services. The focus groups included discussions with key informants in the following areas: medical and other public health personnel, legislators, employers and employees, educators, social service providers, and recipients of services.

Potential participants for the focus groups were selected and invited because of their ability to identify various concerns within Yellowstone County. Providers as well as recipients were engaged in discussions which focused on recognizing unmet health issues which adversely affect residents of Yellowstone County, particularly those in underserved populations, including but not limited to minorities and members of low-income households.

CHNA Benchmarks

Trending – A similar survey was administered in Yellowstone County in 2005 by PRC on behalf of the Alliance. Trending data, as revealed by comparison to prior survey results, were provided in the CHNA where available.

Montana Risk Factor Data – Statewide risk factor data were provided where available as an additional benchmark which to compare local survey findings. State-level vital statistics were also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data – Nationwide risk factor data were provided where available as an additional benchmark and were taken from the 2008 PRC National Health Survey.

Healthy People 2010 – This is part of the Healthy People 2010 (HP 2010) initiative, sponsored by the U.S. Department of Health and Human Services. NOTE: Healthy People 2020 goals were not available at the time of this survey although they were utilized in the community goal setting.

Secondary Data: Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of the Community Health Needs Assessment. Data for Yellowstone County were obtained from the following sources:

- Centers for Disease Control & Prevention
- ESRI BIS Demographic (Estimates Based on the US Census)
- Montana Board of Crime Control
- Montana Department of Public Health and Human Services
- National Center for Health Statistics

Step Four: Selecting Priorities

Areas of Opportunity

All results were initially analyzed and a list of “Areas of Opportunity” was identified based on the CHNA and the guidelines set forth in Healthy People 2010. NOTE: Healthy People 2020 goals were not available at the time of this survey although they were utilized in the community goal setting. The “Areas of Opportunity” are listed below.

Access to Healthcare

- Lack Healthcare Coverage (18-64)
- Routine Medical Checkups (0-17)
- Access to Dental Care
(Especially for Low-Income)

Cancer

- Lung Cancer Deaths
- Skin Cancer Prevalence
- Mammography (Women 40+)
- Pap Smears (Women 18+)

Heart Disease & Stroke

- Stroke Deaths
- Hypertension

Injury & Violence

- Motor Vehicle Crash Deaths
- Seat Belt Usage
- Firearm Safety
- Domestic Violence

Mental Health

- Suicides
- Mental Health Treatment –
Facilities, Resources & Access

Nutrition & Overweight

- Overweight Prevalence
- Weight Advice by Healthcare
Professionals

Respiratory Disease

- Respiratory Disease Deaths

Substance Abuse

- Current Drinking Levels
- Cirrhosis/Liver Disease Deaths
- Availability of Substance Abuse
Treatment

Decision Process

Once the results and “Areas of Opportunity” were finalized, the Alliance hosted a press conference to announce the results. All local major news outlets covered the press conference. The CHNA was also released online at www.healthybydesignyellowstone.org.

Following the public release of the CHNA results, a community-wide meeting was held to garner input from the community on health improvement priorities and interventions. At the community meeting the CHNA results were shared and community members provided their feedback via small discussion groups.

Key community leaders reconvened after the meeting to review the community’s input. Much of the strategy development began to take shape during these meetings. Goals, objectives, and measurable outcomes were drafted, as well as the monitoring process that would be utilized.

Creation of Goals and Objectives - Assets:

During the goals and objectives creation, decisions were influenced by the assets that were available to the community. The first asset identified was the Alliance itself. The Alliance brings together two healthcare organizations and the local health department to collectively work on community health issues. This asset is arguably the strongest asset identified during the development of the CHIP as this partnership allows for the following:

- The pooling of information
- Increased amount of available resources, human and financial
- Better understanding of community needs and assets
- Engagement in new issues without having sole responsibility or management of them
- Development of widespread public support for issues
- Minimal duplication of services and effort

An additional asset is the pre-existing Healthy By Design Initiative. The Healthy By Design Initiative began in 2005 following the first CHNA. The initiative was designed to work on physical activity and nutrition policy, systems, and environmental changes in Yellowstone County. The mission of Healthy By Design is to create a community that is healthy by design, (i.e. to intentionally influence the environment in which people live, learn, work and play) so that positive health effects are enhanced and negative health effects are mitigated). Creation of the Healthy By Design Coalition brought together a valuable network of human assets including professionals with expertise in health, infrastructure, engineering and planning; the largest medical center in a 500-mile radius; and a strong network of non-profits and community action groups. Healthy By Design has a proven track record of successful collaboration and is well known and respected in the community. Going forward, the framework of Healthy By Design will be utilized to engage the community in the chosen community priority areas.

Community Priorities

Following receipt of community feedback, three areas were chosen as the priority community health needs:

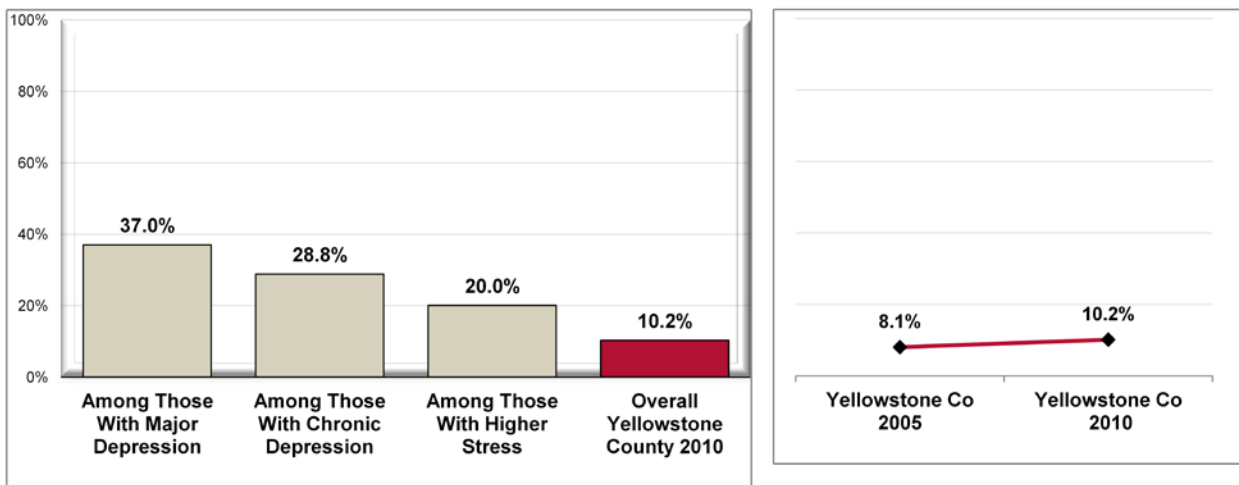
- a. Mental Health
- b. Access to Healthcare Services
- c. Healthy Weight

Results on these three health issues from the CHNA are presented below.

Mental Health:

Trends that were identified as significant in mental health included suicide rates. The average number of suicides was 18.6 (per 100,000) in Yellowstone County compared to the U.S. average of 10.9 and the HP 2010 average of 5.0. The prevalence of suicidal ideation in Yellowstone County is shown below:

Have Ever Considered Attempting Suicide

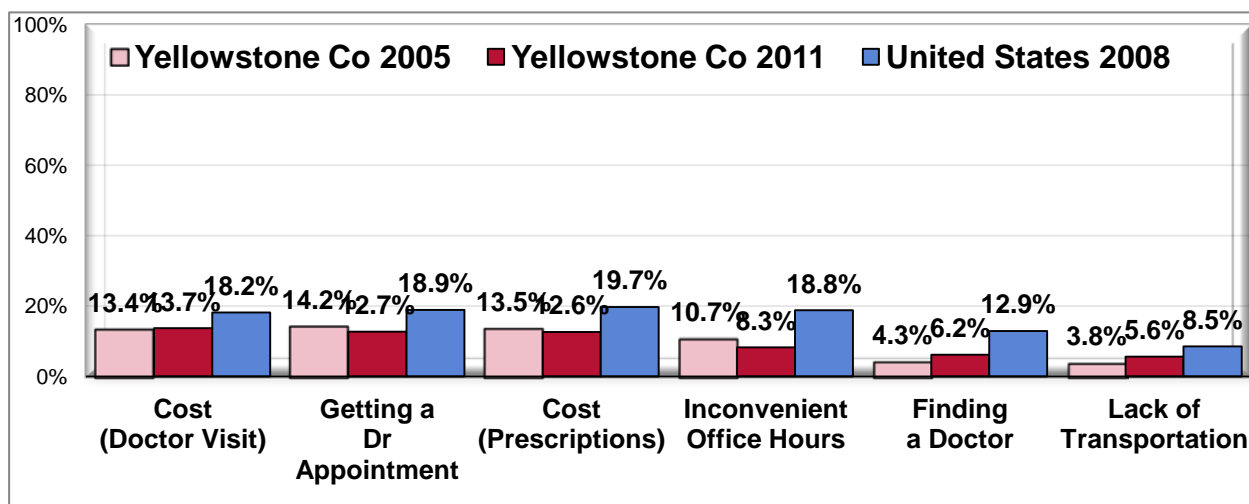


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
Notes: • Asked of all respondents.

Access to Healthcare:

The percent of Yellowstone County residents who had a routine medical checkup in the past year was 62.9% which does not meet the HP 2010 goal of 65.2%. This following chart shows barriers to healthcare that residents of Yellowstone County identified in 2005 and 2011 compared to the U.S. average in 2008.

Barriers to Access Have Prevented Medical Care in the Past Year

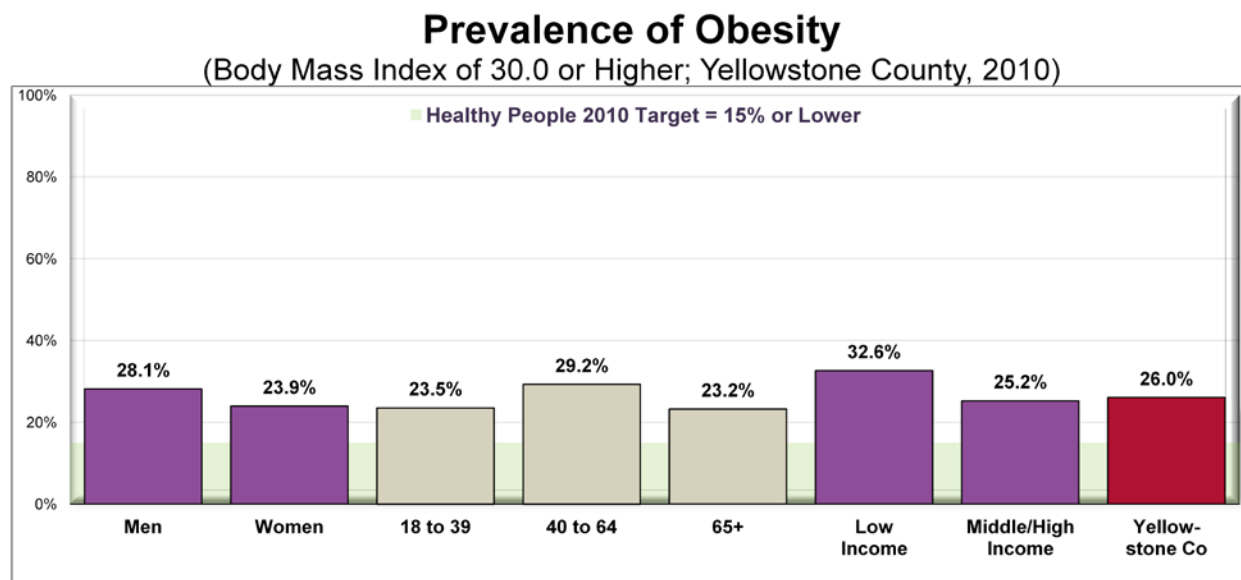


Healthy weight:

The third area of improvement was identified as healthy weight, concerning areas of nutrition, physical activity, and prevalence of overweight residents in Yellowstone County. The percentage of individuals with a healthy weight markedly decreased from 2005 to 2011.

Overall, more than 7 in 10 Yellowstone County Adults (72.9%) are overweight. 26.0% of adults are obese, which fails to meet the HP 2010 target of 15% or less. Further study shows that respondents with lower incomes are more likely to be obese.

Also of note is that only 15.6% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year. This is lower than the national average.



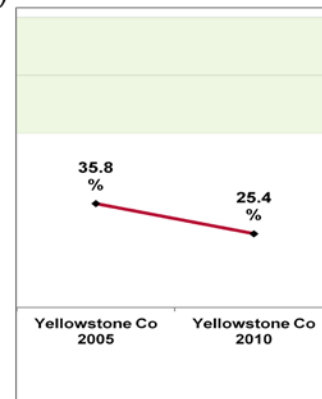
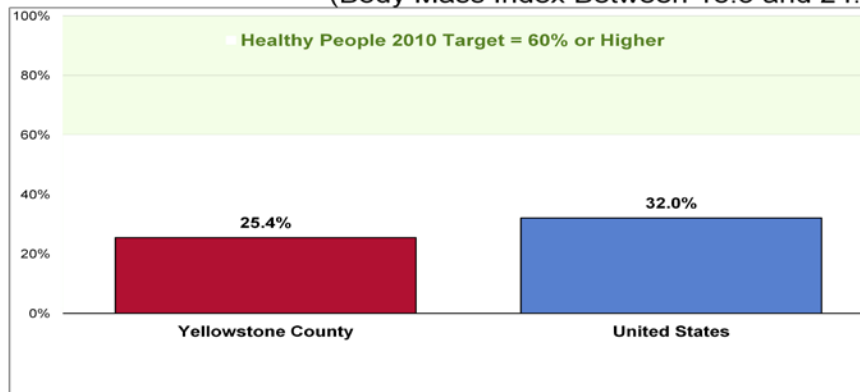
Sources:

- 2010 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
- Healthy People 2010. 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-2]

Notes:

- Asked of all respondents.
- Income categories reflect respondent's household income as a ratio to the federal poverty level for their household size: "low income" = below poverty or 100% to 200% of poverty; "middle/high income" = over 200% of poverty.
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Healthy Weight (Body Mass Index Between 18.5 and 24.9)



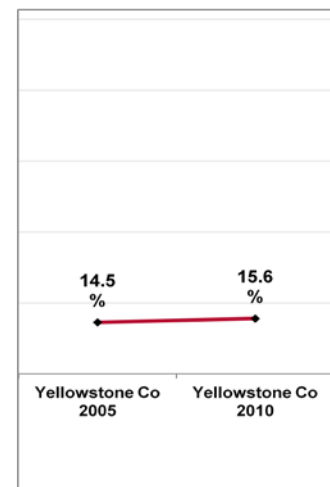
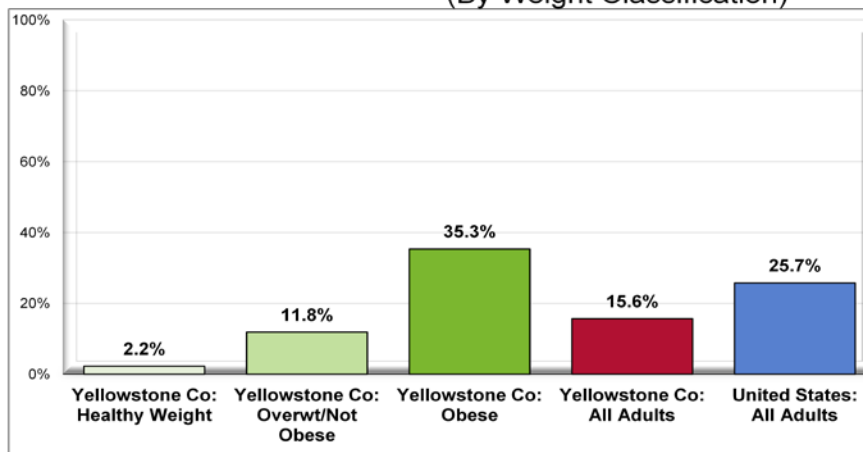
Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Healthy People 2010, 2nd Edition. US Department of Health & Human Services. Washington, DC: US Government Printing Office, November 2000. [Objective 19-1]

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources:

- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 162]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.

Alignment with State and National Priorities

Montana's Priorities: At the time that the CHIP goals and objectives were being developed the Montana Department of Public Health and Human Services had not produced a State Health Improvement Plan (SHIP). However, through participation in the development phase of the SHIP, the Alliance was able to consider the state's focus areas as Yellowstone County's goals and objectives were written. The state's focus areas include: 1) Developing and implementing policies that will improve health 2) Prevention and health promotion efforts that engage Montanans; 3) Increasing access to regular health care, particularly preventive services; and 4) Building a strong public health system that supports optimal health. The status of the Montana SHIP "Big Sky. New Horizons. A Healthier Montana" will continue to be monitored. The document can be accessed at: <http://www.dphhs.mt.gov/publichealth/improvementplan/index.shtml>.

U.S. Priorities: Throughout the CHIP, there is evidence of alignment with National priorities. Healthy People 2020, The Community Guide, and The National Prevention Strategy were used to identify benchmarks, best practices and promising practices.

Goals and Objectives

For each chosen health improvement area a goal for the year 2014 (the year of the next planned CHNA) and 2020 was created. In addition, objectives and strategies/interventions were described in detail. This information is listed below, in table format, for each health improvement area. Included are references to the sources used to identify the evidence-based or promising practices.

IMPROVE ACCESS TO HEALTHCARE

Goal: *Increase percentage of people who have a specific source of ongoing healthcare*

Community Health Needs Assessment Results:

2005 - 84%

2011 - 82%

Healthy People 2020 Goal:

95%

Yellowstone County Goals:

2014 - 88%

2020 - 92%

Objectives	Strategies/Interventions	Recommended By
Decrease the proportion of people who cite inconvenient office hours as a barrier to medical care in the past year (CHNA 2011: 8.3%)	<ul style="list-style-type: none">• Continue implementation of patient-centered medical homes	<ul style="list-style-type: none">• Healthy People 2020• National Prevention Strategy
Decrease proportion of people who have utilized the ED more than once in past year (CHNA 2011: 8.6%)	<ul style="list-style-type: none">• Continue implementation of patient-centered medical homes• Research best practices to improve patient health literacy, i.e. knowledgeable consumers• Increase the number of practicing primary care physicians• Decrease the number of ED visits attributed to ambulatory care sensitive conditions	<ul style="list-style-type: none">• Healthy People 2020• National Prevention Strategy
Continue advocacy support to maintain access to healthcare programs that assist those with financial need (e.g. Medicaid, Healthy Montana Kids, Medication Assistance Program, Community Health Assistance Program) through the development and advocacy of an Alliance legislative agenda (Fall 2012 and 2014)	<ul style="list-style-type: none">• As appropriate, continue advocacy efforts with federal and state public policymakers• Focus advocacy efforts on testimony, letters, phone calls, face-to-face meetings and activation of grassroots	

IMPROVE HEALTHY WEIGHT STATUS

Goal: *Increase the percentage of people in Yellowstone County who have a healthy weight*

Community Health Needs Assessment Results:

2005 – 35.8%

2011 – 25.4%

Healthy People 2020 Goal:

33.9%

Yellowstone County Goals:

2014 – 25.4%

2020 – 33.9%

Objectives	Strategies/Interventions	Recommended By
Increase percentage of people that have received advice about weight by a doctor, nurse or other health professional (CHNA 2011: 15.6%)	<ul style="list-style-type: none">• Increase number of primary care patients who have had their Body Mass Index (BMI) calculated• Increase number of patients having healthy weight plan with BMI outside of healthy range	<ul style="list-style-type: none">• Community Guide• National Prevention Strategy• Healthy People 2020
Decrease percentage of people with no leisure-time physical activity in past month (CHNA 2011: 22.4%)	<ul style="list-style-type: none">• Increase the number of workplaces adopting Healthy By Design physical activity guidelines• Increase the proportion of commuters who use active transportation (i.e. walk, bicycle and public transit) to travel to work• Increase awareness of gender-based physical activity disparities• Support Yellowstone County area school-based efforts to increase students' physical activity	<ul style="list-style-type: none">• Community Guide• National Prevention Strategy• Healthy People 2020
Increase number of people that eat 5 or more servings of fruit and vegetables per day (CHNA 2011: 40.6%)	<ul style="list-style-type: none">• Increase the number of workplaces adopting Healthy By Design nutrition guidelines• Increase the number of community events applying for and achieving Healthy By Design recognition• Continue advocacy efforts which support access to healthy foods for low-income individuals and families (i.e. WIC, SNAP, food pantries, etc.) (supported by The National Prevention Strategy)• Support Yellowstone County area school-based efforts to increase students' daily consumption of fruits and vegetables	<ul style="list-style-type: none">• Community Guide• National Prevention Strategy• Healthy People 2020

IMPROVE MENTAL HEALTH

Goal: *Increase percentage of people reporting their mental health status as being good, very good or excellent*

Community Health Needs Assessment Results:

2005 – 89.9%

2011 – 93.1%*

(*22.5% of low income individuals reported experiencing fair or poor mental health, while only 5.8% of middle/high income individual reported the same)

Healthy People 2020 Goal:

No Goal

Yellowstone County Goals:

2014 – 89.9%

2020 - 92%

Objectives	Strategies/Interventions	Recommended By
Increase the percent of depressed persons seeking help (CHNA 2011: 62.1%)	<ul style="list-style-type: none">• Increase availability of mental health treatment options• Increase utilization of behavioral health specialists in primary care settings• Maintain 24/7 access to mental health assessment/triage	<ul style="list-style-type: none">• National Prevention Strategy• The Community Guide
Reduce the suicide rate in Yellowstone County (CHNA 2011: 18.6)	<ul style="list-style-type: none">• Increase depression screening in the primary care setting with the utilization of depression screening tools like PHQ• Increase number of people in the community who have received suicide prevention training such as QPR – Question, Persuade, Respond (suicide prevention tool)• Research evidence-based suicide prevention methods	<ul style="list-style-type: none">• Healthy People 2020• National Prevention Strategy

Step Five: Communication of Results

After the community goals were constructed, the next step of the ACHI six-step framework is communication of results. However, this step, in the context of Yellowstone County, began simultaneously with step four. This step included organizing the feedback from the community meeting. The communication was also facilitated through media channels. By inviting the community to the meeting, this promoted and ensured that the voice of the community would be incorporated in the eventual construction of the CHIP. The results and updates of work plans will continue to be communicated with the stakeholders and the community. This will be facilitated through media channels, and through posting on websites (such as the Healthy By Design website www.healthbydesignyellowstone.org) and through social media on the Healthy By Design Facebook page.

Achieving the Goals



4. Achieving the Goals:

The Role of the Health Organizations

The involvement of key community members and organizations is vital to achieving the goals set forth in the CHIP. To ensure success the Alliance has taken on the role of the community facilitator and will dedicate the needed resources to provide this facilitation.

Access to Healthcare and Improved Mental Health: The two priority areas of access to healthcare and improving mental health are areas that have never before been identified in the CHIP.

Therefore, the work completed on these goals during the next three years will focus primarily on building a foundation for the work through the identification of partners, identification of policy changes required to achieve the objectives, and determining future action steps required to be successful. The successful model of community engagement provided by Healthy By Design will serve as a model for establishing community involvement, as well as the facilitation of community discussion and initiatives aimed at increasing access to healthcare and improving mental health outcomes for Yellowstone County residents.

Healthy Weight: The work on healthy weight will be conducted by the Healthy By Design; a pre-existing coalition created by the Alliance to focus on creating a community that is healthy by design (to intentionally influence the community in which we live to make the healthy choice the easy choice). More information on Healthy By Design, including recent work plans, is available on the Healthy By Design website www.healthybydesignyellowstone.org.

Planning for Action and Monitoring Progress

Follow-up is an essential part of ensuring that goals and objectives are met. Annual work plans will be created to ensure that a plan exists detailing the activities required to achieve objectives, the person responsible for the activities, and the timeline for completion. Annual creation of the work plan will be conducted by January 1st of each year and it is the responsibility of the Alliance. The status of the work will be reviewed semi-annually at the Alliance meeting.

The CHIP will be publically accessible on all Alliance organization websites and on the Healthy By Design website: www.healthybydesignyellowstone.org. In addition, the Alliance Communication Team will be responsible for ensuring periodic status updates through media channels, social media, and semi-annual reports.

The CHIP will be reviewed annually and updated as needed and following the completion of the Yellowstone County CHNA (the next one is scheduled for 2014).

Public Health Services Performance Measures **2012-2015**

1. Marketing Goal: *Ensure appropriate utilization of resources through awareness and recognition of services*

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Strategic Plan	Administration	Public Health Services will develop a Workforce Development Plan	Completed Workforce Development Plan	New Initiative	Complete by 4/1/2013	Shawn Hinz and Marilyn Tapia		N
Strategic Plan	Administration	Public Health Services will implement Workforce Development Plan	All trainings related identified for “all staff” in the workforce development plan are created	New Initiative	Completed by 4/1/2014	Shawn Hinz and Marilyn Tapia		N
Strategic Plan	Administration	Public Health Services will have a plan to increase awareness and recognition of services	Completed Awareness and Recognition Plan	New Initiative	October 15, 2014	Shawn Hinz and Marilyn Tapia		N
Strategic Plan	Administration	Public Health Services will implement Awareness and Recognition Plan	Number of strategies from Awareness and Recognition Plan completed	New Initiative	Six strategies (by 2015)	Shawn Hinz and Marilyn Tapia		N

2. Fiscal Goal: *Evaluate cost effectiveness of services and revenue opportunities*

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Strategic Plan	Administration	Public Health Services will have written financial procedures for their role in fiscal management	Completed Public Health Services financial procedures	New Initiative	December 2013	Hillary Hanson		Y
Strategic Plan	Administration	Public Health Services will have criteria and a schedule for regular review of all programs and activities	Completed Public Health Services review criteria and schedule	New Initiative	March 2014	Debbie Hedrick		N
Strategic Plan	Administration	Public Health Services will regularly review all activities and programs for cost effectiveness and revenue opportunities	Number of Public Health Services programs and activities reviewed during the fiscal year	New Initiative	4 program reviews	Debbie Hedrick		N

3. Collaboration/Competition Goal: *Develop and sustain effective partnerships*

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Strategic Plan	Administration	Public Health Services will have an IT Support Plan that is consistent with the needs of Public Health Services	Completed IT Support Plan	New Initiative	October 31, 2014	Debbie Hedrick		N
Strategic Plan	Administration	Public Health Services will have a Plan of Action to stay current and respond to health legislation	Completed Plan of Action	New Initiative	January 2014	Hillary Hanson		Y
Strategic Plan	Administration	Public Health Services will respond as needed to relevant health legislation	Evidence of responding to health legislation utilizing procedures in Plan of Action	New Initiative	Documented evidence in the form of meeting minutes	Hillary Hanson		N
Strategic Plan	Administration	Public Health Services will regularly document partnerships	Number of programs with partnerships documented	0	2	Tamalee St. James/Molly Hale		N
Strategic Plan	Administration	Public Health Services will regularly review all partnerships	Number of partnerships reviewed	0	2	Tamalee St. James / Molly Hale		N

Public Health Services Performance Measures **2012-2015**

Family Health Services Goal: *Promote Healthy lifestyles for families with children.*

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
MCH Block Grant	Maternal Child Health	All pregnant women will be assessed for smoking at intake.	Percentage of pregnant women who smoke in the last 3 months of pregnancy 5A's	49% quit smoking during pregnancy in fiscal year 2011.	65% of pregnant women who smoke at intake and receive home visiting services will quit smoking during pregnancy	Home Visiting		N
MCH Block Grant	Maternal Child Health	All pregnant women will receive education with regard to the benefits of exclusively breastfeeding.	Percentage of women who exclusively breastfeed for the first six months.	FY 13 establish baseline		Home Visiting		N
PHHV Grant	Maternal Child Health	All parents with an infant less than age one will receive shaken baby syndrome education materials.	Percentage of parents who receive shaken baby syndrome education.	0%	100%	Home Visiting		N
PHHV Grant	Maternal Child Health	All women with an infant less than the age of one will be screened at high risk infant (HRI) intake for violence against women using the ACOG Screening Tool.	Percentage of women receiving ACOG screening at HRI intake.	33%	100%	Home Visiting		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
PHHV Grant	Maternal Child Health	The Edinburgh Post-Partum Depression Screen is completed with all caregivers within 60 days of the HRI intake.	Percentage of caregivers screened within 60 days of HRI intake.	67%	100%	Home Visiting		N
PHHV Grant	Maternal Child Health	The 5P's Prenatal Substance Abuse Screen for Alcohol and Drugs will be administered to care givers at the HRI intake.	Percentage of caregivers screened for Substance Abuse at HRI intake.	33%	100%	Home Visiting		N
PHHV Grant	Maternal Child Health	ASQ developmental questionnaire will be completed by 8 months of age	Percentage of infants receiving ASQ developmental testing by 8 months of age.	50%	100%	Home Visiting		N
PHHV Grant	Maternal Child Health	ASQ SE developmental questionnaire will be completed by 10 months of age.	Percentage of infants receiving ASQ SE developmental testing by 10 months of age.	50%	100%	Home Visiting		N
TCM	Maternal Child Health	As part of TCM services identified referral needs will be made and detailed in the progress notes.	Percentage of progress notes detailing referrals made.	83%	100%	Home Visiting		Y
TCM	Maternal Child Health	All plans for TCM services will detail what is to occur at the next visits.	Percentage of progress notes detailing plans for next visit.	90%	100%	Home Visiting		Y

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
TCM	Maternal Child Health	All TCM progress notes will include supporting documentation as to what was assessed and monitored.	Percentage of progress notes detailing assessments and monitoring.	90%	100%	Home Visiting		Y
MIECHV Grant	Nurse Family Partnership	Recruitment	Recruit and retain 50 1 st time pregnant women by 10-1-13	0	50	NFP Staff		N
MIECHV Grant	Nurse Family Partnership	Data Submission	Submit with accuracy required data in the NFP efforts to outcomes (eto) system	Within 7 days of visit	100%	NFP Staff		N
Schools	Schools	Program evaluation and performance measure	Total number of school administrators surveyed	Establish baseline fiscal 2013	100%	Mailed survey		N
Schools	Schools	Standardization of vision screenings	Total number oriented to new procedure and documentation	Establish baseline fiscal 2013	100%	School nurses		N
Schools	School	Completion of Montana State immunization Report	All school immunization records will be reviewed and current. Exempted students will have documents notarized for current year	Establish baseline fiscal 2014	80%	School nurses		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Schools	Schools	Bloodborne Pathogens Education for school staff	Offer education to schools RiverStone Health serves	50%	60%	School Nurses		N
Schools	Schools	Tar Wars Education for 5 th and 6 th graders	Offer education to schools RiverStone Health serves	50%	60%	School Nurses and Population Health		N
USDA – WIC grant	WIC	Agreements with Outlying Clinic Sites	Annual MOA's established with each outlying clinic site location	43%	100%	Director and Coordinator		N
USDA- WIC grant	WIC	Continuing Education	All WIC associated staff meet and record required continuing education	53%	100%	Director and WIC associated staff		N
USDA- WIC grant	WIC	Participation	Monthly Average Participation Report	September 2012 = 2994 97%	Target= 3100 100%	All staff		N
NNPHI COPPH grant	WIC	Retention Rate for Clients over one year of age	RiverStone Health WIC clinic will increase the retention rate of children aged 1-5 years	85%	95%	Director, WIC Staff, PHS staff		Y
USDA- WIC grant	WIC	State Monitoring	Bi-annual monitoring for State plan requirements	80%	90%	Director, Coordinator, WIC staff		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
USDA- WIC grant	WIC	High Risk Referrals to Registered Dietitian	All high risk participants would receive a referral to a dietitian within that certification period	Establish the baseline through auditing		Coordinator and CPA staff		N
Internal	WIC	Answering incoming calls to WIC	%of missed calls	38%	25%	Administrative staff		Y
USDA- Peer Breastfeeding Peer Counselor Grant	WIC	Women exclusively breastfeeding	% of women exclusively breastfeeding at 3 months post-delivery	17%	23%	Breastfeeding Coordinator, Peer Counselor, Program Coordinator		N
PHS/FHS/Revenue	Diabetes	Patients who receive DSME education	Decrease the no show rates for appointments	40%	35%	Diabetes staff		N
PHS/FHS/Revenue	Diabetes	Patients who receive DSME education	Participation in the diabetes group medical visits	Establish a baseline		Clinic and Diabetes staff		N
PHS/FHS/Revenue	Diabetes	Patients who receive DSME education	Increase the % of patients with an A1C of less than 7 by 5%	30%	35%	Diabetes Staff		N

Public Health Services Performance Measures **2012-2015**

Community Health Services Goal: *Prevent, identify or contain the spread of diseases within our community.*

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Performance Based Contract	Montana Cancer Screening Program	Women receive recommended screenings for breast and cervical cancer.	# of women ages 30-64 who receive breast and cervical cancer screening through MCSP.	861(2011-2012) 868(2010-2011)	875	MCSP Staff		N
Performance Based Contract	Montana Cancer Screening	Men and women received recommended screenings for colorectal cancer.	# of men and women ages 50-64 who receive colorectal cancer screening through MCSP.	104 (2011-2012) 142(2010-2011)	100	MCSP Staff		N
Public Health Grant	Aids Education & Training Center	Provide trainings on HIV care to healthcare providers serving patients in Montana.	# of trainings provided to healthcare providers in Montana	78(2011-2012)	46	AETC Program Manager		N
Public Health Grant	Ryan White	Pprevnar to all HIV patients	% of patients who receive Pprevnar vaccine	0%	52%	Ryan White Team		Y
Public Health Grant	Ryan White	Increase compliance with meeting the performance measures developed by HAB in monitoring the quality patient care.	# of new clients who receive CD4 and viral load testing	95%	100%	Ryan White Team		
Public Health Grant	Ryan White	Maintain compliance with meeting the performance measures developed by HAB in monitoring the quality patient care.	% of Pregnant women on HAART	100%	100%	Ryan White Team		Y

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Public Health Grant	Ryan White	Increase compliance with meeting the performance measures developed by HAB in monitoring the quality patient care.	% of patients who receive oral care	20 %	25%	Ryan White Team		Y
Public Health Grant	Immunizations	Increase the compliance rate of daycare immunization records	% of daycare records accessed during grant year	30(2011-2012)	33	Immunization Program Coordinator		N
Public Health Grant	HIV Prevention	Increase the numbers of clients who self-identify as IDU (injecting drug use) and MSM (Men that have sex with men) who receive an HIV antibody test.	# of clients receiving an HIV test who report as IDU or MSM	1400(2011-2012)	630(prevention funding was reduced for this grant year 2012-2013)	Prevention Health Specialist		N

Public Health Services Performance Measures **2012-2015**

Population Health Services Goal: The health of the community is improved through chronic disease prevention, education and preparedness

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Community Health Improvement Plan (Systems Change)	Nutrition and Physical Activity (Healthy By Design)	Have more systems in place in Yellowstone County addressing physical activity and nutrition	# of electronic medical records with Healthy Weight Plans	1	3	Alyssa Auvinen		N
Community Health Improvement Plan (Environmental Change)	Nutrition and Physical Activity (Healthy By Design)	Have more access to physical activity and proper nutrition in Yellowstone County	Average weekly attendance at Gardeners' Market	TBD Summer of 2013	TBD Fall of 2013	Alyssa Auvinen		Y
Community Health Improvement Plan (Environmental Change)	Nutrition and Physical Activity (Healthy By Design)	Have more access to physical activity and proper nutrition in Yellowstone County	# of Healthy By Design recognized events each calendar year	16 in 2012	24	Sara Rehmer		N
Community Health Improvement Plan (Education)	Nutrition and Physical Activity	Increase the knowledge of Yellowstone County residents on the topic of physical activity and nutrition	# of people receiving an educational program about physical activity and nutrition	0	150	Hillary, Laura, Alyssa, Sara, Hannah		Y
Community Health Improvement Plan (Education)	Nutrition and Physical Activity	Increase the knowledge of Yellowstone County residents on the topic of physical activity and nutrition	# of 5210 collateral materials distributed	21,827	2015: 100,000	Alyssa Auvinen		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Community Health Improvement Plan (Policy Change)	Nutrition and Physical Activity	Have more policies in place in Yellowstone County addressing physical activity and nutrition (Healthy By Design)	# of worksites adopting Healthy By Design worksite physical activity and nutrition guidelines	0	4	Alyssa Auvinen		N
Community Health Improvement Plan (Policy Change)	Nutrition and Physical Activity	Have more policies in place in Yellowstone County addressing physical activity and nutrition	# of Montana communities participating in Community Transformation Grant that adopt active living/active transportation guidelines	0	10	Laura Holmlund		N
Community Health Improvement Plan (Policy Change)	Nutrition and Physical Activity (Healthy By Design)	Have more policies in place in Yellowstone County addressing physical activity and nutrition	# of local (City of Billings or Yellowstone County) physical activity- or nutrition- related policies adopted	1	2	Laura Holmlund		N
Montana Tobacco Use Prevention Program (Youth)	Tobacco Prevention	Tobacco use is prevented among young people	Total # of Yellowstone County reACT crew members	30 (2011/2012 school year)	TBD in July 2013 (after revision of youth program)	Nathan Stahley / Sara Rehmer		N
Montana Tobacco Use Prevention Program (Youth)	Tobacco Prevention	Tobacco use is prevented among young people	Percent of youth involved tobacco events with a metric defined for "reach" (e.g number of brochures distributed, number of people watching presentation)	0	100%	Nathan Stahley / Sara Rehmer		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Montana Tobacco Use Prevention Program (Youth)	Tobacco Prevention	Tobacco use is prevented among young people	Review past youth events and determine those that are most successful (by reviewing items such as reach, amount of youth involvement, funding, etc) and include those events into our 2013/2014 grant workplan	Not Completed	Completed Annually	Nathan Stahley / Sara Rehmer		N
Montana Tobacco Use Prevention Program (Eliminating Disparities)	Tobacco Prevention	Disparities related to tobacco use and its effect among certain population groups is eliminated	# of presentation to organizations serving populations with health disparities	2	TBD in 2013/2014 workplan	Nathan Stahley / Sara Rehmer		N
Montana Tobacco Use Prevention Program (Environment)	Tobacco Prevention	Exposure to secondhand smoke is eliminated	# of outdoor community events that are (newly) smoke-free	1	5	Sara Rehmer / Nathan Stahley		N
Montana Tobacco Use Prevention Program (Quit Line)	Tobacco Prevention	The Quit Line is utilized for adults and young people to people to quit	# of Quit Line calls per month in Yellowstone County	80 (average for 2012)	100 (average for 2015)	Sara Rehmer / Nathan Stahley		Y
Suicide Prevention (Prevention Education)	Suicide Prevention	Residents of Yellowstone County are educated on the methods of suicide prevention	# of people receiving QPR training	TBD by August 2013	TBD by August 2013	Nathan Stahley		N
Suicide Prevention (Prevention Education)	Suicide Prevention	Residents of Yellowstone County are educated on the methods of suicide prevention	Percent of Suicide Prevention Coalition events covered by the media	100% (4 events in 2012)	100%	Nathan Stahley		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Public Health Emergency Preparedness (Planning)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency understand their role	Percent of RiverStone Health response plans and procedures reviewed every two years	100	100	Greg Neill / Jennifer Staton		N
Public Health Emergency Preparedness (Planning)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency understand their role	Percent of Memorandums of Understandings reviewed every two years	75	100	Greg Neill		N
Public Health Emergency Preparedness (Planning)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency obtain response skills	Completion of annual training of Local Emergency Planning Committee of EMC	Completed in 2012	Completion in 2013, 2014 and 2015	Greg Neill		N
Public Health Emergency Preparedness (Training)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency obtain response skills	Percent of RiverStone Health first responder staff having completed IS 700, 100 and 200	30% (105 of 350)	60%	Greg Neill / Jennifer Staton		N
Public Health Emergency Preparedness (Training)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency obtain response skills	Percent of RiverStone Health emergency response managers having completed IS 300 and 400	35% (13 of 37)	60%	Greg Neill / Jennifer Staton		N
Public Health Emergency Preparedness (Response)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency demonstrate response skills	# of RiverStone Health staff and partners participating in an exercise	95 (in 2012)	2% increase each year	Greg Neill / Jennifer Staton		N
Public Health Emergency Preparedness (Response)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency demonstrate response skills	Percent of response partners complying with quarterly call-down drills	95	100	Greg Neill / Jennifer Staton		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Public Health Emergency Preparedness (Response)	Emergency Preparedness	RiverStone Health and partners responding to a public health emergency demonstrate response skills	Percent of response partners complying with annual call-down drills	87	100	Greg Neill / Jennifer Staton		Y
Public Health Emergency Preparedness (Corrective Action)	Emergency Preparedness	RiverStone Health and partners improve response to a public health emergency	Percent of AAR/CAP within 1 month of event completion	Not Tracked Prior	95%	Jennifer Staton / Greg Neill		N
Public Health Emergency Preparedness (Corrective Action)	Emergency Preparedness	RiverStone Health and partners improve response to a public health emergency	Percent of corrective actions with an assigned timeframe and a responsible party assigned	Not Tracked Prior	95%	Jennifer Staton / Greg Neill		N
Public Health Emergency Preparedness (Corrective Action)	Emergency Preparedness	RiverStone Health and partners improve response to a public health emergency	Percent of assigned corrective actions completed within the allotted timeframe	Not Tracked Prior	95%	Jennifer Staton / Greg Neill		N
Employee Health and Wellness (Potty Press)	Employee Health and Wellness	RiverStone Health employees regularly receive health education	Number of different health topics addressed	9 (2012)	12 (2014)	Nathan Stahley		N
Employee Health and Wellness (Potty Press)	Employee Health and Wellness	RiverStone Health employees regularly receive health education	Number of newsletters posted each month	43	43	Nathan Stahley		N
Employee Health and Wellness (Shape Up Montana)	Employee Health and Wellness	RiverStone Health employees participate in physical activity events	Number of registered employees	TBD following 2013 SUM	TBD following 2013 SUM	Nathan Stahley		N

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
Employee Health and Wellness (Shape Up Montana)	Employee Health and Wellness	RiverStone Health employees participate in physical activity events	Percentage of registered participants completing the program (tracked all three months)	TBD following 2013 SUM	TBD following 2013 SUM	Nathan Stahley		N
Employee Health and Wellness (Blood Draw)	Employee Health and Wellness	RiverStone Health employees participate in health screenings	Percent of employees participating	TBD following 2013 Blood Draw	TBD following 2013 Blood Draw	Nathan Stahley		N

Public Health Services Performance Measures **2012-2015**

Environmental Health Services Goal: *Promote human health and work to foster safe and healthful environments in the community.*

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
MT DPHHS Cooperative Agreement	Food Safety	1. Inspect all DPHHS licensed establishments at least once annually. 2. Provide food safety training for industry and community.	% of required inspections	99%	100%	Registered Sanitarians/ Food Safety Inspection Officers		N
			# of trainings	11	12			N
MT DPHHS Cooperative Agreement	Trailer Courts and Campgrounds	Inspect all DPHHS licensed establishments at least once annually.	% of required inspections	100%	100%	Registered Sanitarians		N
MT DPHHS Cooperative Agreement	Public Accommodations	Inspect all DPHHS licensed establishments at least once annually.	% of required inspections	100%	100%	Registered Sanitarians		N
MT DPHHS Cooperative Agreement	Pools and Spas	Inspect all DPHHS licensed establishments at least once annually.	% of required inspections	100%	100%	Registered Sanitarians		N
Yellowstone City-County Board of Health	Body Art	Inspect and license body art establishments.	% of required inspections	100%	100%	Registered Sanitarians		N
MT DEQ Air Quality Bureau Contact	Yellowstone County Air Program	1. Inspect state regulated sources annually. 2. Inspect minor stationary sources annually.	% of required inspections	100%	100%	Registered Sanitarians/ Air Quality Specialists		N
			% of required inspections	100%	100%			

Public Health Services Performance Measures **2012-2015**

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Responsible Staff	Status Report	QI Needed? Y/N
MT DEQ Subdivision Bureau Contract	Subdivison Review	Complete review of 100% of subdivision applications within 60 days of receipt.	% Applications reviewed within 60 days	New initiative	100%	Certified Subdivision Reviewers		Y
Yellowstone City-County Board of Health	On-Site Wastewater Treatment	1. Inspect and approve new and repaired onsite wastewater treatment systems.	% of systems installed in accordance with approved plans	100%	100%	Registered Sanitarians/ Admin Coordinator		N
		2. Issue and renew licenses for septic installers.	% of Installer with current license	92%	100%			N
Yellowstone City-County Board of Health	Environmental Complaints	Respond to complaints within 24 business	% with a response within 24 hours	New initiative	100%	Director & Lead Sanitarian Director & Lead Sanitarian		Y
		Close complaints within 7 days	% closed within 7 days	88%	90%			Y
FDA Grant	FDA Voluntary National Retail Regulatory Program Standards	Comply with 8 of the 9 Programs Standards by end of FY 17	# of Standards met	1	8	Grant PI Grant Co-PI		Y

<p style="text-align: center;">Public Health Services Performance Management System Report</p>
--

Division Name:

Date of Report:

PROGRESS UPDATE

Program Name:

1. What has been completed since last update?
2. How is quality improvement being utilized?
3. What has been going well?
4. What requires improvement?
5. How will improvements be made?
6. Is the performance measure on track to be met?
7. How is the work being documented?
8. What are the action items and who is responsible?

PROGRESS UPDATE

Program Name:

1. What has been completed since last update?
2. How is quality improvement being utilized?
3. What has been going well?
4. What requires improvement?
5. How will improvements be made?
6. Is the performance measure on track to be met?
7. How is the work being documented?

8. What are the action items and who is responsible?

PROGRESS UPDATE

Program Name:

1. What has been completed since last update?
2. How is quality improvement being utilized?
3. What has been going well?
4. What requires improvement?
5. How will improvements be made?
6. Is the performance measure on track to be met?
7. How is the work being documented?
8. What are the action items and who is responsible?

PROGRESS UPDATE

Program Name:

1. What has been completed since last update?
2. How is quality improvement being utilized?
3. What has been going well?
4. What requires improvement?
5. How will improvements be made?
6. Is the performance measure on track to be met?
7. How is the work being documented?
8. What are the action items and who is responsible?

Directors' Annual Calendar 2 nd and 4 th Wednesday	2013	2014
<u>January</u> Performance Management Meeting <ul style="list-style-type: none"> Family Health Services Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda 	January 9 January 23	January 8 January 22
<u>February</u> Performance Management Meeting <ul style="list-style-type: none"> Environmental Health Services Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda 	February 13 February 27	February 12 February 26
<u>March</u> Performance Management Meeting <ul style="list-style-type: none"> Community Health Services and Workforce Development Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda 	March 13 March 27	March 13 March 27
<u>April</u> Performance Management Meeting <ul style="list-style-type: none"> Population Health Services Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda (Budget) 	April 10 April 24	April 9 April 23
<u>May</u> Performance Management Meeting <ul style="list-style-type: none"> Quality Improvement Review and Update Directors' Meeting <ul style="list-style-type: none"> See agenda 	May 8 May 22	May 14 May 28
<u>June</u> Performance Management Meeting <ul style="list-style-type: none"> Strategic Planning Review Annual Work Plan Performance Management Review and Update. Annual Retreat Directors' Meeting <ul style="list-style-type: none"> See agenda 	June 12 June 20 June 26	June 11 June 19 June 25

Directors' Annual Schedule	2013	2014
<u>July</u> Performance Management Meeting <ul style="list-style-type: none"> Family Health Services Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda 	July 10 July 24	July 9 July 23
<u>August</u> Performance Management Meeting <ul style="list-style-type: none"> Environmental Health Services Performance Measure Review Customer Service Review Directors' Meeting <ul style="list-style-type: none"> See agenda 	August 14 August 28	August 13 August 27
<u>September</u> Performance Management Meeting <ul style="list-style-type: none"> Community Health Services and Workforce Development Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda 	September 11 September 25	September 10 September 24
<u>October</u> Performance Management Meeting <ul style="list-style-type: none"> Population Health Services Performance Measure Review Directors' Meeting <ul style="list-style-type: none"> See agenda (Budget) 	October 9 October 23	October 8 October 22
<u>November</u> Performance Management Meeting <ul style="list-style-type: none"> Quality Improvement Review and Update Directors' Meeting – See agenda	November 13 November 27	November 12 November 26
<u>December*</u> Performance Management Meeting <ul style="list-style-type: none"> Strategic Planning Review Annual Work Plan Performance Management Review and Update. Directors' Meeting <ul style="list-style-type: none"> See agenda 	December 4 December 18	December 3 December 17

*December scheduled for the 1st and 3rd Wednesday due to Holidays



RiverStone Health
Public Health Services
Performance Management Self-Assessment
September 19, 2012

A handwritten signature in black ink that reads 'Deborah Hedrick'.

Deborah Hedrick
Vice President – Public Health Services

9/19/2012

Date

Performance Management Self-Assessment Tool

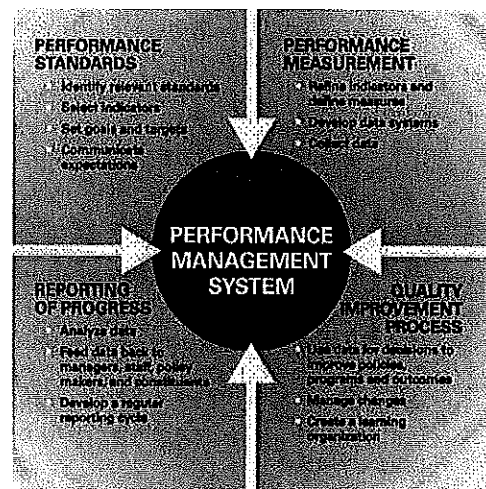
How well does your public health organization or partnership manage performance within its jurisdiction? Take this test to find out if you have the necessary systems in place to achieve results and continually improve performance.

Using This Tool

This self-assessment tool will help you and your team identify the extent to which you have components of a performance management system. Developed by and for public health agencies, this tool is organized around each of the four components of performance management identified in the Turning Point Performance Management National Excellence Collaborative's model (see right).

- Performance Standards
- Performance Measurement
- Reporting of Progress
- Quality (or Performance) Improvement Process

For each component, several questions serve as indicators of your performance management capacity. These questions cover elements of your capacity such as having the necessary resources, skills, accountability, and communications to be effective in each component.



Source: Turning Point. *From Silos to Systems: Using Performance Management to Improve the Public's Health*, 2003.

Contents

Using This Tool.....	1
Section I. Overall Readiness & Accountability.....	4
Section II. Performance Standards.....	5
Section III. Performance Measurement.....	6
Section IV. Reporting of Progress.....	7
Section V. Quality Improvement (QI) Process.....	8
Definitions.....	9

Choose the Best Response

Choose the response that is closest to your stage of development as follows:

- "Always/Almost Always:" You explicitly do this activity or have this capacity in place.
- "Sometimes:" You explicitly do this or have this capacity, but have a way to go.
- "Never/Almost Never:" You do this barely or not at all. What occurs is not the result of any explicit strategy.

In this tool, "you" does not refer to you as an individual. Rather, you can choose to answer the tool's questions for your

- Individual program or division
- Organization as a whole
- Public health system for your jurisdiction—including governmental health departments (state, local, territorial, or tribal), other government agencies partnering in public health functions, and private system partners (non-profit, academic, or business)

Because performance improvement is a shared responsibility throughout a public health system, we encourage you to involve internal and external partners as you examine ways to better manage performance.

Take the Next Step

In public health, we continually strive for better health for all Americans. In the same spirit, we can continually strive for better ways to manage performance and learn from our efforts. By answering the questions in this self-assessment, your team can identify together the most important areas to improve.

Although this tool will help you and your team answer the questions, "Are we really managing performance?" and "Do we have specific components of a performance management system?" it is only the first step to improved performance. As you complete this assessment, or as a next step, your team should also discuss important questions such as:

- "For those components we are doing, how well are we doing them?"
- "In which quadrants do we need to invest more time and resources to manage performance more successfully?"
- "What steps could we try out this month (or this week!) to improve our performance management system?"

Use the "Notes" section at the bottom of each page to write down your improvement ideas, your insights, or any qualifications to your answers. Your individual or group responses will help you interpret the results and choose follow-up actions to the assessment.

Resources to Help

Tips:

- ➔ **Preview the entire tool and definitions before you begin.** The detailed questions in Sections II - V may help you better understand performance management and more accurately complete Section I, "Overall Readiness & Accountability."
- ➔ **Be honest about what you are currently doing or not doing to manage performance.** If you are doing very little in an area, it is better to say "No" than to overstate the attention and resources allocated to it. For questions marked "No," decision makers can then choose to invest resources, shift priorities, or determine that you will not be accountable for the activity. Using information for such decision making is a basic tenet of performance management.
- ➔ **Indicate the unit (e.g., program, organization, jurisdiction) for which you are completing this assessment** at the top of the tool in the space provided.
- ➔ **If you are unsure, leave it blank until you can find the answer.**

If you're ready to start working on better ways to manage performance, there are a number of resources from Turning Point that can help, including the following:

- *From Silos to Systems: Using Performance Management to Improve the Public's Health*
- *Guidebook for Performance Measurement*
- *Performance Management in Action: Tools and Resources* (online only)

View online at
http://www.phf.org/resourcestools/Pages/Turning_Point_Project_Publications.aspx

For more information about the Turning Point Performance Management National Excellence Collaborative, please visit our web site, <http://turningpointprogram.org/Pages/perfmgt.html>.

2012 Refresh

The Public Health Foundation (PHF) has completed an initial refresh the Turning Point Performance Management Framework and related resources through funding from the *Affordable Care Act Capacity Building Assistance to Improve Public Health Infrastructure Investments* through a cooperative agreement with the Centers for Disease Control and Prevention. The following updates have been made to this refreshed version of the Self-Assessment Tool:

- Assessment questions were turned into statements
- The response scale was changed to agree/disagree
- A question was added related to QI practice in the organization (Section I. Question 12)
- Website links and references were updated

Further refreshing will be completed in 2012, including the creation of a Self-Assessment Tool - Short Form with automated scoring and a next steps action key will be released on the PHF website.

Section I. Overall Readiness & Accountability

	Stage of Development		
	Never/ Almost Never	Some- times	Always/ Almost Always
1. A stated commitment exists from high-level leadership for a performance management system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Performance is managed for at least some priority areas that are critical to the organization's mission and function	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Performance is actively managed in the following areas (check all that apply)			
A. Health Status (e.g., diabetes rates)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Public Health Capacity (e.g., communities served by a health department or program)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Human Resource Development (e.g., workforce training in core competencies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Data and Information Systems (e.g., injury report lag time, participation in intranet report system)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Customer Focus and Satisfaction (e.g., use of customer/stakeholder feedback to make program decisions or system changes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Financial Systems (e.g., frequency of financial reports, reports that categorize expenses by strategic priorities)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Management Practices (e.g., communication of vision to employees, projects completed on time)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H. Service Delivery (e.g., clinic no-show rates)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is a team responsible for integrating performance management efforts across the areas listed in 3A - I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Managers are trained to manage performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Managers are held accountable for developing, maintaining, and improving the performance management system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There are incentives for performance improvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. A process or mechanism exists to align the various components of the performance management system (i.e., performance standards, measures, reports, and improvement processes focus on the same things)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. A process or mechanism exists to align the organization's performance management system with your strategic plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. A process or mechanism exists to align your performance priorities with your budget	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Leaders nurture an organizational culture focused on performance improvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. QI is practiced widely and regularly in the organization		<input checked="" type="checkbox"/>	
13. Personnel and financial resources are assigned to performance management functions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes:

Section II. Performance Standards

	Stage of Development		
	Never/ Almost Never	Some- times	Always/ Almost Always
1. Performance standards are used and relevant to the organization's activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Specific performance targets are set to be achieved in a certain time period	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Managers and employees are held accountable for meeting standards and targets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. There are defined processes and methods for choosing performance standards, indicators, or targets ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. National performance standards, indicators, and targets are used when possible (e.g., National Public Health Performance Standards, Leading Health Indicators, Healthy People 2020)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. The organization uses benchmarks against similar organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Scientific guidelines are used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. The organization sets priorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. The organization's standards cover a mix of capacities, processes, and outcomes ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The organization's performance standards, indicators, and targets communicated throughout the organization and its stakeholders or partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. Individual performance expectations are regularly communicated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. The organization relates performance standards to recognized public health goals and frameworks, (e.g., Essential Public Health Services)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Standards and targets are regularly tested to assure they are understood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The organization coordinates regularly so multiple programs, divisions, or organizations use the same performance standards and targets (e.g., same child health standard is used across programs and agencies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Training available to help staff use performance standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Personnel and financial resources are assigned to make sure efforts are guided by relevant performance standards and targets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

¹ For guidance on various methods to set challenging targets, refer to the "Setting Targets for Objectives" tool (p. 93) in Baker, S, Barry, M, Bechamps, M, Conrad, D, and Maiese, D, eds. *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Washington, DC: Public Health Foundation, 1999. www.health.gov/healthypeople/state/toolkit. Additional target setting tools are available in the State Healthy People Tool Library at http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx

² Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.

Section III. Performance Measurement

	Stage of Development		
	Never/ Almost Never	Some- times	Always/ Almost Always
1. The organization uses specific measures for all or most of the established performance standards and targets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. Every measure has a clear definition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Each quantitative measure has a clear unit of measure defined	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Interrater reliability has been established for qualitative measures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Measures are selected in coordination with other programs, divisions, or organizations to avoid duplication of data collection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. There are defined methods and criteria ³ for selecting performance measures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. existing sources of data are used whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Standardized measures (e.g., national program or health indicators) are used whenever possible ⁴	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Measures cover a mix of capacities, processes, and outcomes ⁵	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Data are collected for the measures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Training is available to help staff measure performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Personnel and financial resources are assigned to collect performance measurement data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes:

³ For an excellent list of criteria and guidance on selecting measures, refer to Lichiello P. *Guidebook for Performance Measurement*. Seattle, WA: Turning Point National Program Office, 1999:65.
<http://www.phf.org/resourcestools/Documents/PMCguidebook.pdf> (4/30/12)

⁴ For examples of sources of standardized public health measures, refer to "Health and Human Services Data Systems and Sets" (p. 103) in the *Healthy People 2010 Toolkit: A Field Guide to Health Planning* at
http://www.phf.org/resourcestools/Pages/Healthy_People_2010_Toolkit.aspx.

⁵ Donabedian, A. The quality of care. How can it be assessed? *Journal of the American Medical Association*. 1988;260:1743-8.

Section IV. Reporting of Progress			
	Stage of Development		
	Never/ Almost Never	Some- times	Always/ Almost Always
1. The organization documents progress related to performance standards and targets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. The information is regularly made available to the following (check all that apply)			
A. Managers and leaders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Governance boards and policy makers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Stakeholders or partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. The public, including media	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Managers at all levels held accountable for reporting performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. There is a clear plan for the release of these reports (i.e., who is responsible, methods, how often)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Reporting of progress is part of the organization's strategic planning process	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. decided decision has been made on the frequency of analysis and reporting on performance progress for the following types of measures ⁶ (check all that apply)			
A. Health Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Public Health Capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Human Resource Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Data and Information Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Customer Focus and Satisfaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Financial Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Management Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Service Delivery		<input checked="" type="checkbox"/>	
I. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The organization has a reporting system that integrates performance data from programs, agencies, divisions, or management areas (e.g., financial systems, health outcomes, customer focus and satisfaction)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Training is available to help staff effectively analyze and report performance data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Reports are tested so people understand them and can use them for decision-making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Personnel and financial resources are assigned to analyze performance data and report progress	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes:

⁶ See Section I, question 3 for examples of each type of measure.

Section V. Quality Improvement (QI) Process

	Stage of Development		
	Never/ Almost Never	Some- times	Always/ Almost Always
1. A process(es) exists to improve quality or performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A. There is an entity or person responsible for decision-making based on performance reports (e.g., top management team, governing or advisory board)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. There a regular timetable for your QI process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. The steps in the process are communicated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Managers and employees are evaluated for their performance improvement efforts (i.e., is performance improvement in their job descriptions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Performance reports are used regularly for decision-making	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Performance information is used to do the following (check all that apply)			
A. Determine areas for more analysis or evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Set priorities and allocate/redirect resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Inform policy makers of the observed or potential impact of decisions under their consideration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. The organization has the capacity to take action to improve performance when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A. Processes exist to manage changes in policies, programs, or infrastructure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Managers have the authority to make certain changes to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Staff have the authority to make certain changes to improve performance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The organization regularly develops performance improvement or QI plans that specify timelines, actions, and responsible parties	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. There is a process or mechanism to coordinate QI efforts among programs, divisions, or organizations that share the same performance targets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. QI training is available to managers and staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Personnel and financial resources are allocated to the organization's QI process?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes:

Definitions

Performance management is the practice of actively using performance data to improve the public's health. This practice involves strategic use of performance measures and standards to establish performance targets and goals. Performance management practices can also be used to prioritize and allocate resources; to inform managers about needed adjustments or changes in policy or program directions to meet goals; to frame reports on the success in meeting performance goals; and to improve the quality of public health practice.

Performance management includes the following components:
(see also definitions below)

1. **Performance standards**—establishment of organizational or system performance standards, targets, and goals to improve public health practices.
2. **Performance measures**—development, application, and use of performance measures to assess achievement of such standards.
3. **Reporting of progress**—documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback.
4. **Quality improvement**—establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and reports.

The Four Components of Performance Management Can Be Applied to...

- Human Resource Development
- Data and Information Systems
- Customer Focus and Satisfaction
- Financial Systems
- Management Practices
- Public Health Capacity
- Health Status

A **performance management system** is the continuous use of all the above practices so that they are integrated into an agency's core operations (see inset above, right). Performance management can be carried out at multiple levels, including the program, organization, community, and state levels.

Performance standards are objective standards or guidelines that are used to assess an organization's performance (e.g., one epidemiologist on staff per 100,000 population served, 80 percent of all clients who rate health department services as "good" or "excellent"). Standards may be set based on national, state, or scientific guidelines; by benchmarking against similar organizations; based on the public's or leaders' expectations (e.g., 100% access, zero disparities); or other methods.

Performance indicators summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., the number of trained epidemiologists available to investigate, percentage of clients who rate health department services as "good" or "excellent").

Performance targets set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

Source: Turning Point. *From Silos to Systems: Using Performance Management to Improve the Public's Health*, 2003.



**Public Health Services
Quality Improvement Plan**
October 15, 2012 – October 15, 2013

A handwritten signature in black ink that reads 'Deborah Hedrick'.

Deborah Hedrick,
Vice President – Public Health Services

PURPOSE

The purpose of the 2012 Public Health Services Division Quality Improvement Plan (QI Plan) is to define the context and framework for quality improvement (QI) activities, building upon the RiverStone Health Organizational Improvement Plan.

CULTURE OF QUALITY

A culture of quality is defined by a commitment on the part of every staff member and volunteer to do whatever it takes to continuously improve the organization so that today's levels of effectiveness and efficiency are incrementally better than yesterday's performance. RiverStone Health Public Health Services (PHS) is committed to elevating QI from an organizational function to an internalized and pervasive "way of doing business" and to ensure efficient and effective processes and programs through on-going review of performance measurements. The fundamental existence of the QI Plan is to improve customer service, operational performance, and to deliver a high level of services.

The path to culture of quality began in earnest in 2008 when the RiverStone Board of Health adopted a strategic initiative specifically directed at integrating quality and process improvement into the organization's daily activities. This work was expanded on in early 2012 with the creation of a Patient Safety and Quality Committee of the Board of Health. The Patient Safety and Quality Committee serves as the linkage between RiverStone Health staff's execution of their operational / service delivery responsibilities and the Boards' execution of their governance responsibilities to assure that patients / clients receive safe, high quality care. This linkage is realized through the Committee's processes of oversight and reporting of the staff's quality and safety initiatives and measures.

The development of the QI Plan marks a step in RiverStone Health's ongoing path to a culture of quality. It is expected that as RiverStone Health proceeds on this path there will be many changes to both the QI Plan and the overall QI process. One significant change on the horizon is the introduction of Lean Six Sigma to RiverStone Health. In 2013, formal training of leadership staff is expected to begin on Lean Six Sigma. As this work progresses, the QI Plan will be updated to reflect the use of new quality improvement tools and the quality expectations put forward by the Patient Safety and Quality Committee.

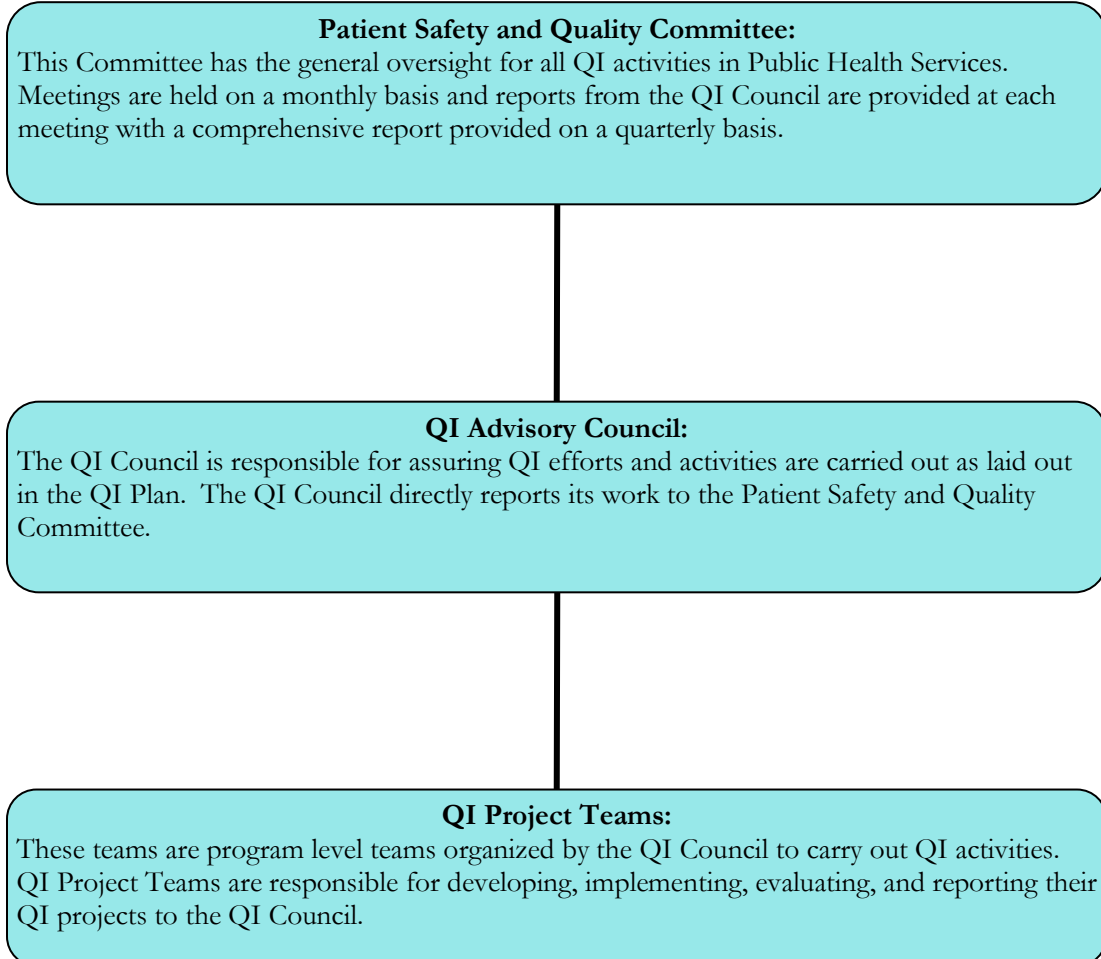
KEY TERMS

❖ See Appendix A

GOVERNANCE STRUCTURE

❖ Organizational Structure

- The organizational structure for Public Health Services QI initiatives includes three primary groups:



❖ Membership and rotation

- Patient Safety and Quality Committee
 - Board Representatives: Lionel Tapia, MD (Chair); Doug Carr, MD; Arlene Becker, RN; Kea Fisher; Joan Thullbery, RN
 - Staff Representatives: President & CEO (*ex-officio*); Homecare / Hospice Compliance / QAPI coordinator; VP of Public Health Services; Director of Communication and Advocacy; VP-Clinical & Educational Services; others as required to provide reports and information on an *ad hoc* basis
 - Board members appointed by: Board chair appointment
 - Staff members appointed by: CEO appointment
 - Membership rotation: As needed or desired by the RiverStone Board of Health
- QI Council
 - Staff Representatives: VP of Public Health Services; Director of Population Health Services; Director of Environmental Health Services; Director of Family Health Services;

Director of Community Health Services and QI Coordinator; others as required to provide reports and information on an *ad hoc* basis

- Staff members appointed by: VP of Public Health Services
- Membership rotation: As needed or desired by VP of Public Health Services

- QI Project Teams and QI Project Leads
 - Staff Representatives: As needed based on the specific QI project
 - Staff members appointed by: QI Council
 - Membership rotation: Only exist for the time limit of the specific QI project to which they have been assigned

❖ Roles and Responsibilities

- Patient Safety and Quality Committee
 - Be knowledgeable about principles and processes of safety management and process / quality improvement, including Lean / Six Sigma as that program evolves.
 - Be knowledgeable about the direct service delivery functions of RiverStone Health.
 - Receive, assess, and act on reports of activities related to patient safety and QI.
 - Provide guidance to staff related to development, implementation, and interpretation of appropriate and meaningful metrics, measures, and assurance processes.
 - Provide the Board of Health and RiverStone Health Clinic Board with regular reports of the Committee's activities, including recommendations for related Board action. Recommend an organizational quality and safety policy / plan for both Boards to consider and adopt.
- QI Council
 - Be knowledgeable about principles and processes of QI, including Lean / Six Sigma as that program evolves.
 - Provide QI expertise and guidance for QI Project Teams
 - Provide QI training to new and existing staff.
 - Assist in the development of departmental QI activities.
 - Review and revise annual QI Plan prior to approval.
 - Advocate for QI and encourage a culture of learning.
 - Apply QI principles and tools to daily work.
 - Prioritize the selection of QI projects each year.
 - Carry out the scope and purpose of the QI Plan.
- QI Project Teams
 - Carry out the scope and purpose of the assigned QI project.
- QI Project Leads
 - Facilitate the QI Project Teams.
 - Ensure all QI procedures in the QI Plan are completed.
 - Identify needs and seek out assistance from QI Council.
 - Update the QI Council on a quarterly basis regarding the status of the QI project.
 - Complete reports and presentations as required by the QI Council.
- Vice President of Public Health Services
 - Be an active member of the QI Council.

- Provide leadership for department vision, mission, strategic plan, and direction related to QI efforts.
- Assure staff has access to resources to carry out QI projects.
- Advocate for a culture of QI.
- Promote a CQI learning environment for Public Health Services.
- Apply QI principles and tools for daily work.
- **QI Coordinator**
 - Facilitate the QI Council and be an active member.
 - Assist the QI Council in providing the tools and technical assistance required for QI projects.
 - Coordinate, support, guide and define QI projects.
 - Develop and manage all aspects of the annual QI Plan with input from the QI Council.
 - Ensure that all QI related activities are documented.
 - Ensure communication of QI project results.
 - Identify education needs and resources.
 - Coordinate the monthly updates to the Patient Safety and Quality Committee.
 - Assist staff in addressing problems encountered during QI projects.
 - Ensure the QI Plan meets PHAB accreditation standards.
 - Implement strategies to develop a culture of QI.
 - Apply QI principles to daily work.
- **Directors**
 - Be an active member of the QI Council.
 - Facilitate the implementation of QI activities at the division level.
 - Support program staff in their work with QI activities.
 - Participate in QI projects as requested or required.
 - Provide staff with opportunities to share results of QI efforts (findings, lessons learned etc.).
 - Communicate with staff to identify projects or processes to improve and assist with development of QI projects.
 - Document QI efforts.
 - Communicate regularly with QI Coordinator to share QI successes and lessons learned.
 - Provide feedback to shape annual QI Plan.
 - Identify staff for QI Leads, advanced QI training opportunities, and staff training needs.
 - Apply QI principles and tools to daily work.
- **All staff**
 - Participate in QI projects as assigned.
 - Develop an understanding of basic QI principles and tools through QI trainings.
 - Identify program areas for improvement and suggest improvement actions to address through identified projects.
 - Report QI training needs to supervisor.
 - Apply QI principles and tools to daily work.

❖ **Staffing and administrative support**

- At RiverStone Health, it is expected that QI occur within the current structure of the organization (weaved into the fabric of the work that we do every day). As a commitment to a culture of QI, RiverStone Health supports all staff in taking the necessary time to integrate QI

activities into their day to day jobs. With this structure, there is a nominal need for additional staff. However, to ensure appropriate training and documentation are completed, a half time Accreditation/QI Coordinator position has been created. In addition, administrative staff assistance is available as needed.

❖ Budget and resource allocation:

- Since QI is part of the daily work of staff, there is no specific annual QI funding. The only exception to this is the funding for the QI Coordinator which is equally divided among all Public Health Services budgets. Additional funding for QI activities is built into each program budget on an “as needed” basis and is dependent upon the QI project.

STAFF TRAINING

❖ Training needs and the plan to fulfill these needs are discussed in the Public Health Services Workforce Development Plan. The information below summarizes the components of the Workforce Development Plan related specifically to QI.

- All new Public Health Services staff will receive Introductory Quality Improvement materials (Quality Improvement 101) upon hire.
- All staff will be provided access to the annual Quality Improvement Plan upon completion and acceptance by the VP of Public Health Service.
- Staff assigned to a QI Project Team will be provided materials and resources on the key principles of QI, the PDSA cycle, and using storyboards as reporting tools for QI projects.
- The QI Advisory Council members will be offered additional training on advanced use of QI reporting tools, sustainability of QI, and strategies to continue to integrate QI. The majority of this training will be provided by organizations outside of RiverStone Health and on an “as available” basis.
- Additional quality improvement training will be made available as needed or as it becomes available. Trainings may include reading, webinars or in person trainings offered both inside and outside of RiverStone Health.

PROJECT IDENTIFICATION: ALIGNMENT WITH STRATEGIC PLAN

- ❖ RiverStone Health Public Health Services operates under a Performance Management System (PMS) with the goal of continuously improving practice and ultimately the health status of those that are served. The PMS encompasses all aspects of using objectives and measurements to evaluate performance, policies, and processes, and the achievement of outcome targets.
- ❖ The PMS measures are selected from the Public Health Services Strategic Plan, PHS Divisional goals, the Plan to Improve the Community’s Health and the Workforce Development Plan. Once measures have been selected, each measure is assessed to determine if quality improvement tools would assist PHS to achieve outcome targets.
- ❖ All performance measures that indicate the beneficial use of QI tools are selected for QI projects and a QI Project Team is assigned.

- ❖ Additional QI projects beyond those indicated in the Performance Management System may occur throughout the course of the year. These projects are determined by the QI Council with input from staff and may be selected for several reasons including:
 - Grant requirements
 - Strong need is demonstrated (for either the project or the need for additional staff to obtain QI experience)
 - QI projects from previous years require additional work
- ❖ The link below will direct you to RiverStone Health PHS Performance Management documents which indicate the 2012-2013 performance measures for which Quality Improvement tools will be utilized to meet outcome targets.
..\..\Performance Management System\Plan\Plan_Performance Management_2012.10Draft.docx
- ❖ All status updated will be recorded in the Performance Management Systems documentation.
- ❖ The table below highlights the 2012-2013 QI projects beyond the PMS that have also been selected and the reason for their selection.

Project Monitoring

In order to ensure that each QI project is monitored on a regular basis Public Health Services has set up a structured QI project process. The steps are in place to ensure that first and foremost, clear guidelines are in place for the reporting and documentation requirements. The information gathered through reporting will ensure that each QI project stays on task to meet the stated project aim. In addition, the regular reporting will identify needed trainings and allow the QI Council to tailor the QI training plans to meet the needs of staff. The last stages of the process focus on communication of results to both leadership and staff. The goal of this communication is to continue building a culture of quality. In addition, this plays the role of sharing lessons learned so that future QI projects can avoid some of the same pitfalls.

QI Project Process and Required Documentation

1. QI projects are selected by the QI Council (based on the Performance Management System and any past projects requiring continuation)
2. QI Project Teams are chosen and a leader is assigned
3. QI Project Teams develop and submit a problem statement and AIM statement to the QI Council (Instructional tools and required document: appendix B pages 3-5)
4. QI Project Teams move forward with their project following the Plan Do Study Act cycle (Instructional tools and required document: appendix C pages 1-2)
5. The QI Project Lead reports to the QI Council on a quarterly basis the status of the project. The status update must include:
 - a. Progress towards stated goals and the Performance Measures
 - b. What has been going well and what requires improvement
 - c. The next steps in the process and timeline for completion
 - d. Need for additional staff training or technical assistance
 - e. Lessons Learned

6. When the QI Council deems the project complete, the final results of the project must be documented in a storyboard (Instructional tools and required document: appendix D page 1)
7. Storyboards will be presented to the QI Council
 - a. The QI Council will determine how the results will be shared with staff and the Patient Safety and Quality Committee
 - b. QI Coordinator will facilitate the communication sharing process

Communication Plan

To ensure that quality is built into the culture of RiverStone Health there must be a communication plan in place to continually update staff on both the QI plan and the progress of QI projects.

The four Directors of the divisions of Public Health Services will be responsible for completing the communication to their staff. This communication can occur via email or in person. The regularity of the communications must be at a minimum completed on a quarterly basis and documentation must be generated to show the communication occurred. To ensure the completion of this communication it has been added to the Public Health Services Director's Calendar. The specific topics requiring communication will be determined by the QI Council. Examples of topics of communication may include:

- Quality Improvement Plan
- QI project updates
- New QI methods
- Lean Six Sigma organizational update

Communication to the leadership of RiverStone Health including the CEO and the Board of Health will occur through the Patient Safety and Quality Committee. This communication will occur monthly via the regular Committee meetings.

REVISION:

- ❖ Due to the fast changing pace of QI in RiverStone Health, this plan is only written to include one year. The QI Council is charged with an annual review of this plan to determine the effectiveness and revise as necessary. Annually, QI projects will be prioritized and selected, and a new QI calendar established. The QI calendar will coincide with the timeline for the Public Health Services Strategic Plan and therefore be on an October 1 – September 30th calendar.

Appendix A

KEY TERMS

- ❖ **Continuous quality improvement (CQI):** an ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as a part of national public health accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can see "incremental improvement" over time or "breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step-quality model, the Plan-Do-Study-Act cycle. (PHAB Acronyms and Glossary of Terms, 2009).
- ❖ **Quality Improvement (QI):** is an integrated process that links, knowledge, structures, processes and outcomes to enhance quality throughout an organization. (PHAB Acronyms and Glossary of Terms, 2009).

QI is generally categorized into 3 areas:

 1. Top organizational leaders address the quality of the system
 2. Professional staff address problems in programs or service areas by improving processes
 3. Individuals at all levels seek ways of improving their own behaviors and environments
- ❖ **Quality Improvement Plan (QI Plan):** identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross reference one another, so a QI initiative that is in the QI Plan may also be in the strategic plan. (PHAB Acronyms and Glossary of Terms, 2009)
- ❖ **Quality Improvement Advisory Council (QI Council):** An internal Council of RiverStone Health Public Health Services employees that assure the carrying out of the QI Plan and all associated QI projects. The Council is made up of the Vice President of Public Health Services, Directors of Population Health Services, Environmental Health Services, Community Health Services, and Family Health Services, and the QI Coordinator. This Council will also develop and evaluate the annual QI Plan within the framework of the Public Health Services Performance Management System and the PHAB accreditation standards. Committee members will also be asked to plan and participate in QI training activities, and to become skilled in the implementation of QI tools.
- ❖ **Quality Improvement Project Teams (QI Project Teams):** Program level teams organized by Public Health Services Directors to carry out QI activities, namely PDSA cycles. QI Project Teams are responsible for developing, implementing, evaluating, and reporting their QI projects to the QI Council.
- ❖ **Quality Improvement Project Team Leads (Team Leads):** Individuals identified by the QI Council to lead specific QI projects and QI Project Teams. These leads are responsible for overseeing their assigned QI projects, and to attend any trainings developed by the QI Advisory Council.
- ❖ **Quality Tools:** Tools designed to assist a team when solving a defined project. Tools will help the team get a better understanding of a problem or process they are analyzing. Standardized tools make reporting and evaluating QI at an organizational level easier.
- ❖ **Plan-Do-Study-Act (PDSA):** A four stage problem solving model for improving a process or carrying out change. This is the primary process utilized by RiverStone Health for QI. A fundamental principle of PDSA is the continuous repetition of a process or procedure. Once a change is supported or negated it is important to use the model again to validate what has been learned.

- ❖ **Performance Management:** The strategic use of performance standards, measures, progress reports and ongoing QI efforts to ensure an agency achieves desired results.
- ❖ **Patient Safety and Quality Committee:** A committee of the RiverStone Board of Health responsible for the oversight of QI initiatives within the accredited programs at RiverStone Health.